

*Restricted*

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS  
Public Health and Welfare Section



WEEKLY BULLETIN

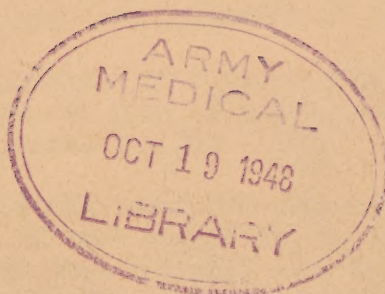
For Period

27 September - 3 October - Dec 27, Jan 2

1948

Number 92 -105

SECTION	I - General
SECTION	II - Preventive Medicine
SECTION	III - Veterinary Affairs
SECTION	IV - Nursing Affairs
SECTION	V - Supply
SECTION	VI - Narcotic Control
SECTION	VII - Welfare
SECTION	VIII - Social Security
SECTION	IX - Memoranda to Japanese Government



*Restricted*







*Restricted*

SECTION I

GENERAL

The following Public Health and Welfare Technical Bulletin is inclosed with this weekly Bulletin:

Title : Minsei-iin

Short Title: TB-PH-Wel 7 (Revised)

SECTION II

PREVENTIVE MEDICINE DIVISION

Sanitation

The fifth class of sanitarians to complete the refresher training course at the Institute of Public Health was graduated on 2 October, and the members have returned to their respective prefectures. Members of the class were instructed to contact the local Military Government Health Officer and the Regional Sanitary Engineer and inform them concerning their activities and problems. Military Government Health Officials should ascertain that these graduates are gainfully employed in the local public health organizations in projects where their training and experience will be of the greatest benefit to the public health program.

The sixth class for sanitarians, is scheduled to begin 11 October. Although the new students have already received their instructions, additional students may be sent if special training of additional key personnel is desired at this time.

Public Health Information and Education

Reorganization of Health Center System

As a part of the Public Health Information and Education programs a series of press releases have been prepared concerning the reorganization of the Health Center System of Japan. In this series the purpose of the Health Center, its relation to the public, its functions and the activities being carried out by the various services of the Health Center are discussed. In the future, releases to the press will be made twice each month until all services of the Health Center have been covered. The material has been prepared in semi-journalistic style and may be used by the press as written or as a source for newspaper and radio releases, etc. Two press conferences were held during September. In addition, key men of the press held a joint conference with Ministry of Welfare Officials with a view to improving the relationship between the press and the Ministry of Welfare and thereby improving publicity of health programs in general.

For the information and guidance of Military Government Health Officers, material furnished to the press at the time of press conference mentioned above, are inclosed with this Bulletin (Incl. 1 & 2).

In order to obtain the maximum favorable publicity for the Health Center Program and to insure uniformity of such publicity, it is suggested that Military Government Health Officers utilize this material as a basis for press and radio releases in each prefecture. This material may also be kept on file and reused on appropriate occasions as a basis for lectures, press and radio releases, etc.

Port Quarantine

Transfer of operation of Port and Terminal facilities to the Japanese, including quarantine activities, originally scheduled for 1 October, has been indefinitely postponed pending further study and revisions of operating plans submitted by the Japanese Government.



*Restricted*

### SECTION III

#### VETERINARY AFFAIRS DIVISION

##### Equine Encephalomyelitis:

The incidence of equine encephalomyelitis shows only a few remote cases being reported for the last three days of the week ending 2 October in the Prefectures of Aomori, Iwate, Saga, Yamagata and Kagoshima, while Hokkaido still is reporting figures indicative of an extensive outbreak. The total figures on the over all epidemic are as follows: 2,337 positive cases, 987 suspect cases, 969 deaths and 86 deaths by sacrificing. The mortality rate of 31.7% represents the combined figures as given.

##### Animal Diseases

<u>Prefecture</u>	<u>Diseases</u>	<u>No. of Cases</u>
Aichi	Swine Erysipelas	1
Kagoshima	" "	2
Hokkaido	Equine Encephalomyelitis	160
Aomori	" "	4
Iwate	" "	10
Yamagata	" "	12
Saga	" "	1
Kagoshima	" "	1

### SECTION IV

#### NURSING AFFAIRS DIVISION

The second edition of "Handbook on Tuberculosis for Public Health Nurses" by Violet H. Hodgson, in Japanese, is now available and can be ordered from:

Mr. Katsu Suzuki  
Far Eastern Literary Agency Publishing Co.  
Branch Bldg. Finance Ministry  
2 - 1 Chome Uchisaiwai-cho  
Chiyoda-ku, Tokyo

##### Midwifery Education

The ninth and final lecture in the series of regional midwifery lectures is being held in Kanto Region. These are 10 day courses sponsored by the Ministry of Welfare and the Midwifery Section of the National Association. There are 180 enrolled in the course with representatives from the six prefectures of Kanto Region. These courses were started in April and have been attended by representatives from all prefectures. Total number of midwives enrolled was 1,764 with each one receiving a certificate upon completion. Curriculum consisted of 51 hours of theory and nine of practice.

##### Personnel

Miss Catherine Beachem, a newly arrived Public Health Nurse, is scheduled for assignment to the Aichi Military Government Team.

*Restricted*



*Restricted*

SECTION V

SUPPLY DIVISION

Production

A total of 3,720 pieces of the various types of DDT dusting and spraying equipment for insect control programs was produced during the period 19-25 September. Large inventory stocks are on hand to meet all requirements.

During the period 19-25 September, 8,800 lbs. of 10% DDT dust and 18,255 gallons of 5% DDT residual effect spray were distributed. At the same time, 80,000 lbs. of 10% DDT dust and 32,700 gallons of 5% DDT spray were received, leaving inventory stocks on hand in regional warehouses of the Ministry of Welfare of 1,234,173 lbs. of 10% DDT dust, 355,269 gallons of 5% DDT spray, and 51,046 vials of typhus vaccine.

During July, August and September, the production of DDT products did not keep pace with the unusually large distribution made during the same period. Until such time as the production has again become adequate to replenish reserve stocks, future prefectural requests for shipments of DDT products made to the Ministry of Welfare will be carefully screened by Public Health and Welfare Section. It is suggested that Military Government Team Officers maintain a systematic check on prefectural stocks of DDT products.

Distribution

During August, a total of 5,283,100 tablets of santonin was distributed to the various prefectures as listed below:

Distribution of Santonin: August 1948

<u>Prefecture</u>	<u>Quantity</u>
Hokkaido	120,950
Aomori	91,380
Iwate	20,100
Miyagi	116,060
Akita	52,940
Yamagata	140,080
Fukushima	337,270
Ibaraki	59,390
Tochigi	26,880
Gumma	78,330
Saitama	19,750
Chiba	62,860
Tokyo	182,410
Kanagawa	94,560
Niigata	105,660
Yamanashi	11,620
Nagano	166,120
Shizuoka	38,570
Toyama	41,250
Ishikawa	7,420
Fukui	27,440
Gifu	87,420
Aichi	189,280
Mie	146,970
Shiga	116,160
Kyoto	1,102,090
Osaka	223,360
Hyogo	186,360



*Restricted*

Distribution of Santonin: August 1948 (Con't)

<u>Prefecture</u>	<u>Quantity</u>
Nara	150,650
Wakayama	127,030
Tottori	13,540
Shimane	33,820
Okayama	39,310
Hiroshima	139,120
Yamaguchi	231,990
Tokushima	24,790
Kagawa	138,810
Ehime	199,270
Kochi	30,770
Fukuoka	9,040
Saga	34,560
Nagasaki	44,030
Kumamoto	68,110
Oita	15,460
Miyazaki	14,420
Kagoshima	115,700

Total 5,283,100 tablets

From 19 to 25 September 4,912 pieces of dusting and spraying equipment to be used in insect and rodent control programs were distributed to 25 prefectures.

The final detailed table of controlled medicines which have been allocated by prefecture for the period of October, November and December is listed below.

<u>Prefecture</u>	<u>Potassium iodide (kg)</u>	<u>Solution of potassium acetate (kg)</u>	<u>Bismuth subnitrate (kg)</u>	<u>Silver Nitrate (kg)</u>	<u>Mild tinc-ture of iodine (kg)</u>	<u>Glucose (kg)</u>	<u>Add.Alloc Sodium Bicarbonate (kg)</u>
Hokkaido	157	1,270	310.00	4.20	641.10	430	3,799
Aomori	48	380	84.00	1.30	174.40	120	1,041
Iwate	55	420	100.00	1.40	188.60	130	1,141
Miyagi	76	550	123.50	1.90	237.30	165	1,446
Akita	53	390	88.50	1.40	178.60	120	1,074
Yamagata	55	410	92.00	1.40	182.80	125	1,107
Fukushima	85	630	148.00	2.10	299.00	200	1,780
Ibaraki	91	680	155.00	2.40	303.60	210	1,855
Tochigi	67	500	113.50	1.80	220.00	155	1,352
Gumma	67	500	112.50	1.70	222.30	150	1,325
Saitama	86	650	114.50	2.20	289.00	195	1,736
Chiba	101	750	168.00	2.60	302.70	225	1,984
Tokyo	341	2,610	581.00	8.70	1,124.50	745	6,648
Kanagawa	119	800	200.00	3.00	387.60	265	2,328
Niigata	110	830	184.00	2.90	361.50	250	2,406
Toyama	46	350	77.00	1.20	150.20	100	906
Ishikawa	52	390	86.50	1.30	166.40	110	986
Fukui	35	260	56.50	.90	111.00	80	673
Yamanashi	37	270	60.50	.90	124.30	90	736
Nagano	93	700	157.00	2.40	312.80	210	1,869
Gifu	70	530	121.00	1.70	242.00	145	1,418
Shizuoka	105	790	176.00	2.70	351.00	235	2,088
Aichi	170	1,320	292.00	3.90	592.20	355	3,309
Mie	72	550	122.00	1.80	241.50	155	1,407

*Restricted*



*Restricted*

Prefecture	Potassium Iodide (kg)	Solution of Potassium acetate (kg)	Bismuth subnitrate (kg)	Silver Nitrate (kg)	Mild tincture of iodine (kg)	Glucose (kg)	Add Allox Sodium Bicarbonate (kg)
Shiga	38	280	63.50	1.00	126.10	85	755
Kyoto	105	800	177.00	2.70	340.00	230	2,018
Osaka	223	1,760	387.00	4.80	794.00	445	4,248
Hyogo	169	1,300	283.50	4.20	568.60	375	3,361
Nara	45	350	77.00	1.00	157.00	95	881
Wakayama	46	340	77.00	1.20	149.30	105	916
Tottori	28	200	45.50	.70	92.00	60	568
Shimane	44	330	73.00	1.10	142.00	100	864
Okayama	87	650	144.00	2.20	286.00	190	1,707
Hiroshima	111	840	187.00	2.80	369.90	245	2,216
Yamaguchi	79	590	140.50	2.00	275.40	190	1,664
Tokushima	41	310	70.00	1.00	140.70	90	817
Kagawa	41	310	70.00	1.00	136.60	90	817
Ehime	72	540	121.00	1.90	232.20	160	1,416
Kochi	41	310	68.00	1.00	136.30	90	824
Fukuoka	184	1,380	361.00	4.80	671.70	480	4,211
Saga	51	380	88.00	1.20	162.40	120	1,072
Nagasaki	71	520	126.00	1.80	279.60	170	1,544
Kumamoto	95	700	158.00	2.40	304.70	215	1,853
Oita	65	480	105.00	1.60	210.70	145	1,256
Miyazaki	46	330	74.00	1.10	154.00	100	920
Kagoshima	97	700	157.00	2.40	303.00	215	1,840
	3,970 kg	29,930 kg	6,776.00 kg	99.70 kg	13,436.60 kg	8,960 kg	*80,182 kg

Supplementary report of allocations of sodium bicarbonate and formalin change the amounts to be distributed as follows:

Formalin from 18,977 kg to 58,977 kg.

\* Sodium bicarbonate from 170,400 to 250,582 kg.

Listed below are totals of additional items of controlled medicines allocated to the prefectures for distribution during the months of October, November and December:

Item	Quantity (Unit Kg unless otherwise specified)
Alcohol for disinfectant	22,500.00
Albumin tannate	4,497.60
Barbital	719.80
Bromdiethyl acetyl urea	96.70
Bromvaleryl urea	2,929.00
Bromvaleryl urea tablets	6,894,000 tab
Caffeine with sodium benzoate acid	4,499.00
Calcium lactate	2,249.00
Castor oil, aromatic	11,900.00
Evipan natrium	34.88
Gentian, tincture of, mild	34,975.00
Japan wax, ointment of	4,499.50
Lanolin	1,297.50
Magnesium oxide	9,517.00
Maize, oil of	11,967.00
Mercurochrome	1,778.40
Nux vomica, extract of	299.90
Ointment, simple	20,696.00
Phenacetin	8,476.00
Phenacetin tablets	11,770,000 tab

*Restricted*



*Restricted*

<u>Item</u>	<u>Quantity</u> <u>Unit Kg unless otherwise specified</u>
Philorcarpine Hydrochloride	49.90
Sesame oil	1,990.00
Sugar nutrition	154,987.00
Zinc sulfate	1,500.00
Zinc Oil	17,907

#### SECTION VI

#### NARCOTIC CONTROL DIVISION

##### Addicts

The addict reported in Weekly Bulletin #90 was sentenced to two years penal servitude 22 September in a Tokyo Court.

Surveillance of an addict, who was not sentenced to confinement by the Court because of the plea of the defendant's family that he was not an addict, resulted in his re-arrest when it was determined the addict was dispatching members of his family to procure the narcotics for his addiction.

##### Thefts

During August there were only 20 narcotic thefts, including three hospitals, reported. This represents a reduction of 58% from the previous month. Improved security is being stressed to dry up this source of narcotics for illicit traffic.

#### SECTION VII

#### WELFARE DIVISION

##### The Second National Conference of Social Workers

The Second National Conference of Social Workers since the war will be held on 11 and 12 October at the Central Social Work Hall, Tokyo, under the auspices of the Japan Social Work Association and supported by the Ministries of Welfare, Education, Labor, the Attorney General's Office, the National Relief Organization (Dobo Engo Kai) the Mother's and Children's Welfare Society (Boshi Aiku Kai) the Medical Relief Association (Saisei Kai), the All Japan Welfare Commissioners Federation (Minsei-iin), The Office of Imperial Household and the Japanese Red Cross Society.

The Conference will be attended by social workers from all over the country including those engaged in both public and private fields and the government officials connected with social work.

The main subjects for discussion will be the basic welfare laws, the development of child welfare work and promotion of programs of Social Insurance.

##### Japanese Red Cross Activities

Relief goods (clothing) from the Indian Red Cross Society are being received through SCAP by the Japanese Red Cross for disaster victims.

##### Disaster Relief Reports

Kanagawa Chapter, Japanese Red Cross, sent one relief team to Miyagino-mura where damages were caused by typhoon Ione. Three hundred-fifty villages were given anti-epidemic shots and Japanese Red Cross Home Medicine Kits were distributed to the disaster victims.

*Restricted*



*Restricted*

### Nursing Education

The Chief of the Nursing Education Section, Japanese Red Cross Headquarters, attended the re-education course sponsored by the National Nurses Association at Nagano Red Cross Hospital on 25 August - 14 September, and gave eight hours of lectures on the history of nursing. One thousand nine hundred thirty-eight lay people have been taught home nursing under the auspices of Japanese Red Cross Chapters up to 14 September.

### Volunteer Service Section

Red Cross Volunteer Service Groups have been organized in five wards in Osaka, during 15 - 22 September and more groups are to be organized in Semboboku-gun and Minami-Kawachi Gun, Osaka. No mayors or other governmental officials were appointed as chairmen or vice-chairmen but these positions are held by men.

In Kobe there are at present nine city branches and 16 local branches which are headed by women.

### Report of Junior Red Cross Section

Meetings were held by the Kanagawa Chapter to report on the Junior Red Cross Leadership Training Camp at Gora and an orientation meeting on Junior Red Cross was held at the Girls' Middle School of the Nippon Womens College, Tokyo. Shiga Chapter also held a meeting to lay a foundation for the development of a new Junior Red Cross organization in primary, middle and high schools in the prefecture.

### Public Assistance Allowances

Reports from prefecture Military Government Welfare Officers indicate that uniform interpretation of Social Affairs Bureau Instructions (Sha Hatsu #94), concerning public assistance allowances are still lacking. The following interpretation has been coordinated with the Chief of Protection Section, Ministry of Welfare.

Table III, page 11, Public Health and Welfare Weekly Bulletin #85, dated 9 - 15 August, is to be considered the maximum family needs as determined by accurate study of conditions throughout Japan. All Income and resources are to be deducted from these amounts, excepting only that the needs of the family for school supplies, school lunches, and for artificial feeding for infants is added to Table III totals before such deductions are made. Family needs under no circumstances are to be considered as higher than Table III, noted above, plus school supplies, school lunches, and artificial nutrition.

Article VI of Sha Hatsu #94 describes the method by which a governor may authorize a standard lower than that described in Table III. Lower standards may be set only on an area basis (town or village, medium city or large city). If the governor, at the request of the head of city, town or village, determines that there is sufficient foundation to so lower the standard set by Table III, he may set a new standard and send a notification to the Ministry of Welfare. The Ministry of Welfare will not be called upon to authorize such decreases, but will make investigation of those which do not appear to conform to pattern.

It is further presumed and expected by the Ministry of Welfare that heads of cities, towns and villages will take advantage of requesting increases of the prefecture and of the Ministry for individual cases who show a public assistance need higher than that which may be approved by the heads of cities, towns or villages (Table I, Weekly Bulletin #85). It is recognized that the work and time involved is considerable, but at present there is no possibility of reducing the amount of work which is required. It is hoped that future plans will exhibit more confidence in the ability of local officials.

Further clarification as to family make-up indicates that persons to the third degree of relationship are responsible for the care of others within that



*Restricted*

relationship. This may be interpreted as meaning that where persons within that degree form a household, all income and resources available to the family are deductible from the total family needs. There have been instances in which three members of a family of seven have had income from employment, while public assistance was granted to the other four members who showed no income and were considered as a family of four. Technically, members to the third degree outside of the household are also responsible for their relatives although such responsibility is seldom demanded.

Allowances for school lunches should be reviewed on a common sense basis and should be similar from prefecture to prefecture and depending on local interest and procurement, similar village to village, town to town and city to city throughout Japan. Prohibitive costs should be considered as reasonable cause for investigation.

## SECTION VIII

### SOCIAL SECURITY DIVISION

#### Advisory Councils

There was no objection to the proposed Cabinet Order, submitted by the Insurance Bureau, Ministry of Welfare, for the establishment of the Social Insurance Medical Care Advisory Councils as prescribed by the Health Insurance Law.

The purpose of the councils is to advise appropriate government officials on the appointment, dismissal, guidance, and supervision of insurance doctors, dentists, and pharmacists.

Councils to be established are a central council associated with the Minister of Welfare and local councils associated with each prefectural government. Each council shall be composed of 24 members with equal representation of insurers, insured and employers (contributors), physicians and dentists, and the public interest.

#### Medical Fee Calculating Committees

There was no objection to the proposed Cabinet Order, submitted by the Insurance Bureau, Ministry of Welfare, for the establishment of two Social Insurance Medical Fee Calculation Committees, the first in accordance with the provisions of Article 43-7 of the Health Insurance Law and Article 28-5 of the Seamen's Insurance Law, and the second in accordance with Article 8-7 of the National Health Insurance Law. The above committees are to be established at the national level only.

The functions of these committees are to advise the Minister of Welfare on the determination of appropriate medical care fees for Health and Seamen's Insurance to prescribe a standard amount of medical care fee for National Health Insurance.

#### Medical Fee Payment Fund

Recent visits to some prefectures revealed that there continues to be some misunderstanding by prefectural officials and doctors as to the extent that the Medical Fee Payment Fund is applicable to National Health Insurance. (Reference Public Health and Welfare Weekly Bulletin No. 80 as to purpose and provisions of the Fund).

While the Fund Law includes National Health Insurance Associations in its applicability, it is not obligatory for the associations to participate. It is a decision to be made by the individual association as to whether the fund will be used in the prompt payment of medical care claims.

*Restricted*



*Restricted*

Government Pension System

Cabinet Order to Increase Rates for Invalidity Pensions Based on Military Service.

The Cabinet on 1 October took affirmative action on the recommendations of the Pension Bureau, Prime Minister's Office concerning increases in the rates for invalidity pensions based on military service, the revised rates to be effective as of 1 September. Much correspondence has been received by SCAP Sections from recipients of these pensions and from members of their families describing the hardships suffered because of the meager pensions and inflated prices. Prior to the action of the Cabinet, the Pension Bureau was informed through PHMJG-73 of 24 September that Public Health and Welfare Section had no objections to the proposed revisions as submitted for review.

Invalidity pensions for both civilian officials and military personnel are authorized by the Pension Law (Law No. 48 of 1923). SCAPIN No. 338 of 24 November 1945, subject: "Pensions and Benefits" as prepared by ESS/Finance Division, directs that pensions to military personnel were to be terminated by 1 February 1946, except that such benefits may be paid "by reason of military service" as only "compensation for physical disability, limiting the recipient's ability to work, at rates which are no higher than the lowest of these for comparable physical disability arising from non-military causes." This was interpreted to mean that invalidity pensions for military personnel and civilian employees attached to the Army or Navy should be reduced to the lowest rates upon which invalidity pensions are computed under any social insurance law. The lowest benefit rates at that time were those prescribed by the Welfare Pension Insurance Law.

Thereupon the Cabinet established Imperial Ordinance No. 68 of 1 February 1946, in conformance with SCAPIN No. 338 and Imperial Ordinance No. 542 of 1945 (which relates to orders to be issued in consequence of the acceptance of the Potsdam Declaration); one of the effects of such ordinance being to reduce invalidity pensions based on military service to the amount of invalidity pensions paid under the Welfare Pension Insurance Law. This resulted in the invalidity pension of a soldier with the rank of private, whose injury was of a degree falling in "Category 1", being reduced to ¥560 per annum whereas a civilian official of comparable rank received ¥3,597 per annum for the same degree of injury.

The Diet in July 1948 enacted amendments to the Welfare Pension Insurance Law and to the law (Law No. 36 of 15 October 1946) which supplements the Pension Law and fixes rates for computing benefits authorized by the Pension Law. These Amendments increased benefit rates so that the invalidity pension of the civilian official referred to above was raised from ¥3,597 to ¥20,314 per annum and the invalidity pension for the worker of comparable salary covered by the Welfare Pension Insurance Law was raised from ¥560 to ¥2,800 per annum. In addition, it was provided in both laws that ¥2,400 per annum would be paid such beneficiary on behalf of his wife and each dependent child.

The effect of the proposed Cabinet Order would be to increase invalidity pensions, based on military service, in amounts equal to similar pensions paid under the amended Welfare Pension Law, which continues to provide the lowest rates for invalidity pensions paid under any social insurance law. However, the proposed Cabinet Order limits to ¥7,200 per annum the amount payable upon behalf of the wife and children of a recipient of an invalidity pension. This is done because invalidity pensions paid under the National Public Service Mutual Aid Associations Law do not include the additional amount for the wife and children.

Although the basic invalidity pension of the Mutual Aid Associations is computed at a greater rate than that of the Welfare Pension Insurance Law, addition of the allowances for the wife and children to the invalidity pension based on military service would result in a larger total annual pension than that paid by the Mutual Aid Associations in the case of large families were it not for this limitation which precludes such allowances for dependents in excess of three. It



is further provided that this limitation is "for the time being," since amendments are pending which would add to the Mutual Aid Associations' invalidity pensions the allowances for the wife and children. Upon enactment of such amendments, it is intended to remove the ¥7,200 limitation for a recipient of an invalidity pension based on military service.

The Diet in its last session included in the budget for the current fiscal year an appropriation to meet the cost of the increase proposed by this Cabinet Order. Such increase had been considered at the time revision of the other invalidity pensions was proposed, but formal drafting of this Cabinet Order was deferred pending final action by the Diet on the amendments proposed for the other pensions.

## SECTION IX

### MEMORANDA TO JAPANESE GOVERNMENT

<u>PHJG</u>	<u>Dated</u>	<u>Subject</u>	<u>Surveillance</u>	<u>Distribution</u>
73	9/27/48	Draft of Cabinet Order for the Partial Amendment of the Provisional Regulations re: The Special Cases of the Pension Law made Under Imperial Ordinance #542 of 1945 (concerning the Orders to be issued in consequence of the Potsdam Declaration).	No	MG, 8th Army

Note: Directive to Pension Bureau, Prime Minister's Office, Japanese Government offering no objection to proposed Cabinet Order subject as above.

74	10/2/48	Prevention of Infectious Diseases of Domestic Animals.	No	MG, 8th Army
----	---------	--	----	--------------

Note: Directive to Ministry of Agriculture and Forestry, Japanese Government, offering no objection to proposed Cabinet Order, subject: "Maximum Amount of Allowances of the Law Concerning the Prevention of Infectious Diseases of Domestic Animals".

75	10/2/48	Ministerial Order, "Control Regulation of Drugs and Others for Animal Use".	No	MG, 8th Army
----	---------	---	----	--------------

Note: Directive to Ministry of Agriculture and Forestry, Japanese Government, offering no objection to proposed Ministerial Order prescribing the control and regulation of drugs designated for animal use only.

76	10/2/48	Law concerning the Prevention of Infectious Diseases of Domestic Animals.	No	MG, 8th Army
----	---------	---	----	--------------

Note: Directive to Ministry of Agriculture and Forestry, Japanese Government, offering no objection to proposed Ministerial Ordinance, subject: Enforcement Regulations for the Law concerning the Prevention of Infectious Diseases of Domestic Animals".



Inclosure No. 5 missing







*Restricted*

*Crawford F. Sams*

CRAWFORD F. SAMS  
Brigadier General, Medical Corps  
Chief

5 Incls

1. Health Center System Reorganized.
2. Reorganization of Health Center System Affects Nursing Service.
3. Report of Cases and Deaths from Communicable and Venereal Diseases in Japan, Week Ended 25 September 1948.
4. Monthly Summary of Vital Statistics in Japan: July 1948.
5. Minsei-iin TB-PH-Wel 7 (Revised).

*Restricted*







## HEALTH CENTER SYSTEM REORGANIZED

(No. 1 in a new series of articles for release by the Press on the Reorganization of the Health Center System)

Press Conference  
Preventive Medicine Div  
20 September 1948

Reorganization and modernization of the Health Center System under the provisions of the new Health Center Law (Law No. 101 of 5 September 1947) is now in progress under the direction of the Ministry of Welfare. When this reorganization of the Health Center System has been completed Japan will have a public health organization comparable to any in the world, and one which will be capable of properly dealing with and solving the public health problems of this country. Reorganization of the public health system at the National and Prefectural levels has already been accomplished.

Under this Health Center Law, 780 health center districts will be formed of approximately 100,000 persons each. In each Health Center District one principal (Model) Health Center will be established with as many branch health centers as necessary. Each Health Center District is an administrative unit. The Director of the Health Center District is the Chief Health Officer of the District. He also holds the position of Director of the principal Health Center of the District. The Director is responsible for the administration and execution of all aspects of the public health program within the Health Center District.

Model Health Centers have been established and are operating in 24 of the prefectures of Japan. Each health center is staffed and equipped to provide service in health education, sanitation, communicable disease control, public health nursing, nutrition, maternal and child hygiene, dental hygiene, tuberculosis control, venereal disease control, medical social services, diagnostic laboratory service and public health statistics.

These Health Centers are the local level of the public health system of Japan and as such are the operational and reporting level of the system. The Health Centers report statistics directly to the Prefectural Health Departments which operate in a supervisory capacity. The Prefectural Departments in turn receive general supervision from the Ministry of Welfare, which is the legislative and policy making level of the public health and welfare system.

With the materialization of this public health and welfare plan, the Japanese people will see the culmination of the provision of Article 25, Chapter III of the Constitution of Japan.

The Constitution states, "All people shall have the right to maintain the minimum standards of wholesome and cultural living."

"In all spheres of life, the State shall use its endeavors for the promotion and extension of social welfare and security, and of public health."

The benefits and pleasures to be derived from this provision depends upon a sound and unified public health and welfare program embracing proper legislation, sound organization, expert planning and efficient execution. This is being accomplished by the present organization. Complete success, however, can never be achieved without the willing and sincere cooperation of the people of the nation as a whole. The Government has initiated such a unified public health program — its ultimate success is dependent upon the cooperation of the citizens of Japan.

Incl-ure 1







## REORGANIZATION OF HEALTH CENTER SYSTEM AFFECTS NURSING SERVICE

The reorganization and modernization of the Health Center System will, in the future, require the Public Health Nurse to have graduated from a recognized school of nursing and to have been registered according to the requirements prescribed by law. Until such time as adequate graduate nurses are available, qualified nurses will be selected on a basis of ability and merit by Health Center authorities to supervise and operate the Public Health Nursing Service.

"Public Health Nursing is an organized service (not for profit) rendered by graduate nurses to the individual, family and community." No one person performs a greater role in the development of the public health program of the Health Center than does the Public Health Nurse. She has a responsibility in practically every phase of the Health Centers' program rendering DIRECT service in Tuberculosis control, Venereal Disease control, Communicable Disease control, Dental Hygiene, and Maternal and Child Health. In addition her duties extend into every other activity of the Health Center. The nature of the work of the Public Health Nurse brings her intimately into the lives of the people of the Health Center District, where she has an opportunity to interpret the purposes of the program of the Health Center, to give nursing care when necessary and to give instruction to the people, both in the homes of the district and in the clinics of the Health Center. She is a health teacher and takes advantage of every opportunity to teach the principles of healthful living.

The public health nursing activities, as conducted in the new Health Center System of Japan, are divided into two general categories, namely, nursing activities within the Health Center itself (clinics) and nursing activities performed in the homes and in the community within the Health Center District.

The program of each Health Center is so organized that one experienced public health nurse serves as supervisor of the entire public health nursing program. She is responsible to the Director of the Health Center for the efficient execution of this program. Under her supervision are a number of public health nurses each of which is given a definite assignment in one of the clinics of the Health Center. The clinic assignment of each public health nurse requires approximately one-half of her time. The other half of the time is spent in performance of duty in the Health Center District.

In the clinics of the Health Center her duties concern only those which should be performed by a nurse; she is responsible for setting up the rooms to be used for her particular clinics, paying attention to the availability and condition of necessary supplies and equipment; she takes and records social and partial medical histories on all her patients previous to the interview of the doctor; she assists the doctor with examinations and with the treatments given at the Health Center; she confers with the patient following the interview of the doctor and interprets the information, instructions and recommendations given by the doctor.

In all phases of the health center program the public health nurse is a co-worker with the doctor. Any nursing care which is given is done so under the direction of and with the understanding of the doctor. She does not diagnose illnesses nor prescribe medical treatment. A good health program depends to a large degree upon the efficiency of the nurses assisting the doctors in the Health Center and upon the efficiency and cooperation of the doctors.

In order to efficiently conduct the public health nursing program outside of the Health Center proper, each Health Center District is divided into several sub-districts or areas which are geographical locations with approximately an equal number of persons in each. To each of these sub-districts or areas a Public Health Nurse is assigned. In the Health Center System at the present time provisions have been made for one Public Health Nurse for approximately every 7,000 persons. (Computed on a population-health center nurse ratio).



The activities of the Public Health Nurse in the Health Center District are numerous and varied. Each Public Health Nurse is responsible for ALL the Public Health nursing activities within her assigned area (excluding general nursing activities in hospitals, sanatoria, etc.). It is the responsibility of the Public Health Nurse to visit ANY family in her sub-district which is in need of nursing care or health supervision of any kind. This service is known as the "Home Visit". The Public Health Nurse will visit the home where there is a communicable disease present and will teach the patient and family members how to carry out isolation techniques, and will teach some member of the family how to give proper nursing care to the patient. She will visit the homes of persons who are contacts of communicable diseases, Tuberculosis and Venereal Disease, etc., in an effort to place them under medical supervision when necessary. She "follows through" on communicable disease cases discharged from hospitals and from sanatoria and she will visit any home upon request of the Health Center Doctors or upon request from a practicing physician. She will re-visit these homes as often as necessary to render an adequate public health nursing service as part of the Health Center Program. She assists parents in helping them to better understand how to adequately care for their infants and children and she cooperates closely with the school nurse in helping her to meet and solve the nursing problems of the school.

The "girl in blue" - The Public Health Nurse - is your friend in need. She is the health emissary from the Public Health Nursing Service of your Health Center. Welcome her most cordially when she visits your home and cooperate with her to the best of your ability in the interest of better and more healthful living, not only for yourself, as an individual, but for your family, friends, and neighbors.

Inclosure 2



DIGEST OF WEEKLY REPORT OF COMMUNICABLE DISEASE IN JAPAN  
FOR THE WEEK ENDED 25 September 1948

During the thirty-ninth week ended 25 September 1948 there were reported 10,690 cases of communicable disease compared with 11,901 cases in the preceding week. Complete reports were received from all prefectures.

There were 7,636 cases of tuberculosis this week compared with 8,191 previously, a decrease of 7 percent. The current figure was slightly higher than the number (7,607) in the corresponding week of 1947. The current and cumulative case rates were 497.8 and 481.4 respectively.

Measles cases numbered 199 this week. This was approximately the same as in the previous week (191). The current figure was 35 percent less than the total for the same week in 1947 (304). As in the previous weeks, nearly a third of the current cases were in Hokkaido (63 cases); Aomori Prefecture also had a sizeable number (24). Thirty-two prefectures reported from 1 to 10 cases each and 12 prefectures had no cases. The current and cumulative case rates were 13.0 and 78.8 respectively.

Whooping cough cases decreased further this week to 895. The current number was 22 percent less than the total for the preceding week (1,154) and 44 percent less than the number (1,591) in the thirty-ninth week of 1947. The current and cumulative case rates were 58.3 and 71.3 respectively.

Pneumonia cases decreased 13 percent, from 634 last week to 554 currently. This was 41 percent less than in the same week of 1947 (946). The current and cumulative case rates were 36.1 and 158.4 respectively.

There were 16 cases of influenza this week compared with 14 previously. This was about half the number of cases recorded in the corresponding week of 1947 (34). The current and cumulative case rates were 1.0 and 4.2 respectively.

The number of diphtheria cases increased slightly this week from 198 last week to 209. There were 16 deaths compared with 13 previously. Cases this week were about half the number (416) in the thirty-ninth week of 1947 and only a fourth of the number (840) in the same week of 1946. The prefectures having the largest number of cases were: Tokyo (18), Hokkaido (16), Akita (14), Fukuoka (13), Nagano (12), and Oita (12). Thirty-five prefectures had from 1 to 9 cases each and 5 prefectures had no cases. The prefectures showing the largest increases were Nagano, Tokyo, and Akita, which had 11, 10 and 9 cases respectively more than in the previous week. The largest decreases were reported in Ibaraki, Nagasaki and Yamagata, with 9, 8, and 7 fewer cases respectively than last week. In all Japan there were increases in 20 prefectures, decreases in 17 and no change in 9. The current and cumulative case rates were 13.6 and 18.8 respectively. Corresponding death rates were 1.0 and 1.7.

The number of dysentery cases declined 11 percent from 531 last week to 470 currently. There were 122 deaths compared with 153 in the preceding week. The current total of cases was 65 percent less than in the thirty-ninth week of 1947 (1,348) and 90 percent less than the number (4,555) for the same week of 1946. There were decreases reported this week in 29 prefectures, increases in 13 and no change in 4. In Hyogo Prefecture cases rose from 8 last week to a current total of 55, due to an outbreak of 47 cases at the Okubo prison in OkuboOmachi, Akashi-gun. Cases in Iwate rose from 17 to 54 but no explanation was received for the increase. The current number was the same as that reported week before last. For all Japan the current and cumulative case rates were 30.6 and 21.5 respectively. Corresponding death rates were 8.0 and 5.7.

Typhoid fever cases decreased nearly 15 percent from 238 last week to 204 currently. Deaths (42) were approximately the same as previously (40). The number of cases was 67 percent less than in the same week of 1947 (612) and nearly 80 percent less than in the corresponding period of 1946 (951). There were decreases reported this week in 21 prefectures, increases in 13 and no change in 12. The current and cumulative case rates were 13.3 and 12.2 respectively. Corresponding death rates were 2.7 and 1.5.

The number of paratyphoid fever cases increased 9 percent from 68 last week to 74 currently. There were no deaths this week compared with 4 previously. The current cases were 38 percent less than in the thirty-ninth week of 1947 (119) and 65 percent less than in the same week of 1946 (211). Tokyo and Ibaraki had 11 and



7 cases respectively this week; 27 prefectures had from 1 to 5 cases each; and 17 prefectures reported no cases. There were increases in 19 prefectures, decreases in 15 and no change in 12. The current and cumulative case rates were 4.8 and 3.9 respectively. The cumulative death rate was 0.2.

There have been no cases of smallpox in the past two weeks and no deaths for ten weeks. There were 2 cases in the thirty-ninth week of 1947 and 1 case in the same period of 1946. The cumulative case and death rates for the week ended 25 September 1948 were both less than 0.1.

There were no typhus fever cases this week compared with one last week. There have been no deaths for 11 weeks. Four cases were recorded in the corresponding week of 1947 and there were 18 cases in the same period of 1946. The cumulative case and death rates as of 25 September were 0.8 and 0.1 respectively.

Malaria cases declined one-third from 120 last week to a current total of 80. There were no deaths this week compared with 1 in the previous week. The current number of cases was less than a third of the total for the thirty-ninth week of 1947 (245) and only 10 percent of the figure (813) for the same period of 1946. Almost half of the current number of cases were in Shiga Prefecture (39); Aomori had 6 cases; 22 prefectures reported from 1 to 3 cases each; and there were no cases in 22 prefectures. The current and cumulative case rates were 5.2 and 7.3 respectively. The cumulative death rates was less than 0.1.

Scarlet fever remained about the same as previously. There were 36 cases and no deaths this week compared with 32 cases and 1 death in the preceding week. The current number of cases was 28 percent less than in the corresponding week of 1947 (50) and about the same as in the same period of 1946 (38). Tokyo currently reported 11 cases, Hokkaido and Saitama Prefectures had 4 cases each, 16 prefectures had 1 or 2 cases each and 27 had no cases. The current and cumulative case rates were 2.3 and 3.4. The cumulative death rate was less than 0.1.

Epidemic meningitis cases (31) remained approximately the same as last week (30). Deaths increased from 8 previously to a current total of 14. Cases this week were 38 percent less than in the thirty-ninth week of 1947 (50) and 35 percent greater than in the same period of 1946 (23). Twenty-eight prefectures reported that they had no cases, and the remaining 18 prefectures reported from 1 to 4 cases each. In 26 prefectures there was no change from the number of cases reported last week. There were small increases in 10 prefectures and small decreases in 10. The current and cumulative case rates were 2.0 and 3.0 respectively. Corresponding death rates were 0.9 and 0.7.

There was a 43 percent reduction in Japanese "B" encephalitis cases reported this week, from 499 last week to 286 currently. Current death (133) were 12 percent less than in the previous week (162). During the thirty-ninth weeks of 1947 and 1946 there were 30 and 9 cases respectively. Approximately 40 percent of the current cases were confirmed. Decreases this week were recorded in 28 prefectures, small increases in 14 and no change in 4. The largest decrease occurred in Miyagi Prefecture, where cases numbered 17 this week compared with 86 previously. The largest number of cases in any prefecture was 25 (in Nagano). This was a marked improvement over last week when 5 prefectures reported from 27 to 86 cases each. Six prefectures reported that they had no cases this week. It should be noted that the cumulative figures shown in this report may include some double counting. It is believed that some cases have been reported as both suspect and confirmed. As of 25 September the regular statistical reports have shown a cumulative total of 8,047 cases and 2,197 deaths. 1,641 of these cases have been confirmed and 645 of the deaths have been reported as resulting from confirmed cases. The reports are now being studied for double counting. The current and cumulative case rates were 18.6 and 13.5 respectively. Corresponding death rates were 8.7 and 3.7.

There continued to be no cholera or plague.

The current and cumulative number of syphilis cases were 3,607 and 166,713 respectively; for gonorrhea 3,352 and 174,354; and for chancroid 531 and 29,002. Current totals for syphilis and gonorrhea were lower than in the preceding week when there were reported 3,719 cases of syphilis and 3,530 cases of gonorrhea. Chancroid cases were about the same this week (531) as last week (530). Current syphilis cases were 8 percent higher than in the thirty-ninth week of 1947 (3,334). Gonorrhea and chancroid, however, were less than in the corresponding week of 1947 when there were recorded 4,937 cases of gonorrhea and 798 cases of chancroid. The current and cumulative case rates for each of these diseases were: syphilis, 235.2 and 278.7 respectively; gonorrhea, 218.5 and 291.5; and chancroid, 34.6 and 48.5.



SUMMARY REPORT OF CASES AND DEATHS FROM  
COMMUNICABLE DISEASES IN JAPAN  
WEEK ENDED 25 Sep 1948

PREFECTURE	DIPHTHERIA				DYSENTERY			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	16	2	898	122	16	1	881	62
AOMORI	7	-	166	8	3	-	103	18
IVATE	1	-	223	25	54	6	465	54
MIYAGI	3	-	331	19	3	1	180	16
AKITA	14	-	425	28	6	1	171	40
YAMAGATA	-	-	194	16	3	-	222	31
FUKUSHIMA	1	-	133	9	16	1	431	81
IBAFUKI	2	-	246	7	16	4	647	277
TOCHIGI	3	-	*253	21	11	4	256	94
GUMMA	2	2	167	33	5	1	447	107
SAITAMA	3	-	265	21	15	6	367	149
CHIBA	1	-	107	5	5	5	232	55
TOKYO	18	3	705	96	33	12	1344	296
KANAGAWA	6	1	316	30	6	3	259	69
NIIGATA	8	-	467	39	9	3	545	66
TOYAMA	1	-	*85	11	4	-	54	12
ISHIKAWA	8	-	193	14	1	1	29	9
FUKUI	3	-	86	8	4	-	194	*32
YAMANASHI	-	-	47	-	6	1	63	9
NAGANO	12	-	288	15	6	-	306	47
GIFU	1	-	85	9	6	-	372	128
SHIZUOKA	2	-	209	25	11	7	292	139
AICHI	2	-	310	28	21	11	633	252
MIE	2	-	186	19	8	2	159	41
SHIGA	3	-	64	2	4	3	85	19
KYOTO	2	1	198	23	6	2	264	68
OSAKA	3	-	213	19	24	5	444	88
HYOGO	5	1	320	34	55	2	383	75
NARA	-	-	96	5	-	-	32	5
WAKAYAMA	-	-	*84	4	-	-	41	11
TOTTORI	-	-	48	3	-	-	62	23
SHIMANE	3	-	189	15	5	1	181	68
OKAYAMA	3	-	188	19	3	1	163	65
HIPHOSHIMA	7	1	289	10	8	4	275	114
YAMAGUCHI	1	-	214	8	11	6	181	76
TOKUSHIMA	1	-	90	11	7	1	137	25
KAGAWA	2	1	103	12	-	-	115	32
EHIME	1	-	280	32	6	1	328	101
KOCHI	3	-	104	5	4	1	78	22
FUKUOKA	13	1	591	33	20	8	362	*105
SAGA	8	-	384	27	3	1	166	60
NAGASAKI	7	1	332	37	16	7	217	79
KUMAMOTO	2	-	115	8	5	2	*204	*91
OITA	12	-	362	38	11	4	164	92
MIYAZAKI	9	2	280	29	8	-	215	63
KAGOSHIMA	8	-	321	26	6	3	141	43
TOTAL	209	16	*11250	1008	470	122	*12890	*3409
RATE								
Current	13.6	1.0	18.8	1.7	30.6	8.0	21.5	5.7
Previous	12.9	0.8			34.6	10.0		

See footnotes at end of table.



Weekly Report - 25 September 1948  
Continued

PREFECTURE	TYPHOID FEVER				PARATYPHOID FEVER			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	16	-	295	21	3	-	103	3
AOMORI	8	3	91	13	4	-	35	1
IWATE	4	-	59	6	1	-	48	5
MIYAGI	7	2	144	11	4	-	99	3
AKITA	2	1	55	10	-	-	8	2
YAMAGATA	-	-	62	11	-	-	21	1
FUKUSHIMA	10	1	142	22	4	-	65	2
IBARA	4	2	127	16	7	-	70	3
TOCHIGI	3	1	119	21	1	-	45	4
GUMMA	2	-	85	14	-	-	53	1
SAITAMA	4	3	180	33	2	-	35	1
CHIBA	4	-	176	8	2	-	47	-
TOKYO	23	-	923	98	11	-	586	20
KANAGAWA	11	1	374	42	1	-	99	-
NIIGATA	7	-	210	28	1	-	81	7
TOYAMA	1	-	132	15	1	-	25	2
ISHIKAWA	2	4	61	11	-	-	9	1
FUKUI	5	2	107	6	-	-	17	1
YAMANASHI	-	-	19	-	1	-	11	3
NAGANO	3	1	426	31	5	-	57	3
GIFU	2	1	301	*38	1	-	60	5
SHIZUOKA	5	2	235	27	-	-	123	6
AICHI	14	2	314	34	1	-	76	*5
MIE	6	1	234	24	1	-	54	6
SHIGA	-	-	42	3	-	-	11	-
KYOTO	6	2	228	36	1	-	62	5
OSAKA	11	1	298	68	1	-	48	2
HYOGO	12	4	303	55	-	-	27	1
NARA	1	1	73	4	5	-	9	1
WAKAYAMA	3	1	*104	13	-	-	12	-
TOTTORI	3	1	77	3	1	-	13	1
SHIMANE	-	-	93	9	2	-	61	1
OKAYAMA	1	4	142	26	-	-	8	-
HII OSHIMA	4	-	206	17	3	-	44	1
YAMAGUCHI	1	1	67	7	-	-	10	1
TOKUSHIMA	-	-	91	8	-	-	6	-
KAGAWA	3	-	45	11	-	-	29	3
EHIME	5	-	130	12	2	-	32	-
KOCHI	8	-	129	13	-	-	33	1
FUKUOKA	2	-	141	13	3	-	37	3
SAGA	-	-	44	2	3	-	16	2
NAGASAKI	1	-	57	11	1	-	16	1
KUMAMOTO	-	-	19	4	-	-	20	1
OITA	-	-	108	12	1	-	16	2
MIYAZAKI	-	-	44	5	-	-	12	-
KAGOSHIMA	-	-	14	3	-	-	6	-
TOTAL	204	42	*7326	*875	74	-	2355	*111

RATE								
Current	13.3	2.7	12.2	1.5	4.8	-	3.9	0.2
Previous	15.5	2.6			4.4	0.3		

See footnotes at end of table.



Weekly Report - 25 September 1948  
Continued

PREFECTURE	SMALLPOX				TYPHUS FEVER			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	-	-	7	-	-	-	19	3
AOMORI	-	-	-	-	-	-	18	1
IWATE	-	-	-	-	-	-	7	1
MIYAGI	-	-	-	-	-	-	4	-
AKITA	-	-	-	-	-	-	5	-
YAMAGATA	-	-	-	-	-	-	4	1
FUKUSHIMA	-	-	-	-	-	-	4	-
IBARAKI	-	-	1	-	-	-	5	1
TOCHIGI	-	-	-	-	-	-	-	-
GUMMA	-	-	-	-	-	-	-	-
SAITAMA	-	-	-	-	-	-	10	1
CHIBA	-	-	2	-	-	-	6	-
TOKYO	-	-	1	-	-	-	41	3
KANAGAWA	-	-	-	-	-	-	43	2
NIIGATA	-	-	-	-	-	-	2	-
TOYAMA	-	-	-	-	-	-	6	1
ISHIKAWA	-	-	-	-	-	-	1	-
FUKUI	-	-	-	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	-	-	-	-	-	-	1	-
GIFU	-	-	1	-	-	-	31	2
SHIZUOKA	-	-	1	1	-	-	-	-
AICHI	-	-	-	-	-	-	*3	-
MIE	-	-	-	-	-	-	-	-
SHIGA	-	-	-	-	-	-	2	-
KYOTO	-	-	2	-	-	-	38	1
OSAKA	-	-	-	-	-	-	145	9
HYOGO	-	-	-	-	-	-	2	1
NARA	-	-	-	-	-	-	9	-
WAKAYAMA	-	-	1	-	-	-	-	-
TOTTORI	-	-	-	-	-	-	-	-
SHIMANE	-	-	1	-	-	-	11	1
OKAYAMA	-	-	2	-	-	-	-	-
HIROSHIMA	-	-	1	-	-	-	11	1
YAMAGUCHI	-	-	-	-	-	-	1	-
TOKUSHIMA	-	-	1	-	-	-	-	-
KAGAWA	-	-	-	-	-	-	7	1
EHIME	-	-	-	-	-	-	-	-
KOCHI	-	-	-	-	-	-	-	-
FUKUOKA	-	-	1	-	-	-	4	1
SAGA	-	-	5	-	-	-	-	-
NAGASAKI	-	-	-	-	-	-	15	2
KUMAMOTO	-	-	-	-	-	-	3	-
OTTA	-	-	-	-	-	-	-	-
MIYAZAKI	-	-	-	-	-	-	-	-
KAGOSHIMA	-	-	-	-	-	-	-	-
TOTAL	-	-	27	1	-	-	*458	33
FATE								
Current	-	-	0.0	0.0	-	-	0.8	0.1
Previous	-	-			0.1	-		

See footnotes at end of table.



Weekly Report - 25 September 1948  
Continued

PREFECTURE	MALARIA				CHOLERA			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	2	-	91	-	-	-	-	-
AOMORI	6	-	35	-	-	-	-	-
IWATE	-	-	32	1	-	-	-	-
MIYAGI	1	-	29	-	-	-	-	-
AKITA	-	-	24	-	-	-	-	-
YAMAGATA	1	-	20	-	-	-	-	-
FUKUSHIMA	-	-	30	-	-	-	-	-
IBARAKI	1	-	42	-	-	-	-	-
TOCHIGI	-	-	32	-	-	-	-	-
GUMMA	-	-	11	-	-	-	-	-
SAITAMA	-	-	22	-	-	-	-	-
CHIBA	-	-	30	-	-	-	-	-
TOKYO	3	-	279	3	-	-	-	-
KANAGAWA	-	-	70	1	-	-	-	-
NIIGATA	1	-	88	-	-	-	-	-
TOYAMA	2	-	43	-	-	-	-	-
ISHIKAWA	-	-	29	2	-	-	-	-
FUKUI	-	-	23	1	-	-	-	-
YAMANASHI	1	-	22	-	-	-	-	-
NAGANO	1	-	13	-	-	-	-	-
GIFU	-	-	36	-	-	-	-	-
SHIZUOKA	1	-	38	-	-	-	-	-
AICHI	1	-	42	-	-	-	-	-
MIIE	-	-	58	-	-	-	-	-
SHIGA	39	-	2094	*3	-	-	-	-
KYOTO	1	-	67	2	-	-	-	-
OSAKA	-	-	41	-	-	-	-	-
HYOGO	2	-	50	1	-	-	-	-
KARA	-	-	27	-	-	-	-	-
WAKAYAMA	-	-	15	-	-	-	-	-
TOTTORI	1	-	43	1	-	-	-	-
SHIMANE	-	-	30	-	-	-	-	-
OKAYAMA	2	-	40	1	-	-	-	-
HIROSHIMA	3	-	88	-	-	-	-	-
YAMAGUCHI	-	-	42	-	-	-	-	-
TOKUSHIMA	-	-	17	-	-	-	-	-
KAGAWA	-	-	22	1	-	-	-	-
EHIME	-	-	99	4	-	-	-	-
KOCHI	-	-	21	-	-	-	-	-
FUKUOKA	2	-	*197	*3	-	-	-	-
SAGA	2	-	37	1	-	-	-	-
NAGASAKI	2	-	54	-	-	-	-	-
KUMAMOTO	-	-	57	3	-	-	-	-
OITA	1	-	50	-	-	-	-	-
MIYAZAKI	1	-	15	-	-	-	-	-
KAGOSHIMA	3	-	146	-	-	-	-	-
TOTAL	80	-	*4391	*28	-	-	-	-
RATE								
CURRENT	5.2	-	7.3	0.0	-	-	-	-
PREVIOUS	7.8	0.1			-	-		

See footnotes at end of table.



PREFECTURE	SCARLET FEVER				EPIDEMIC MENINGITIS				JAP "B" ENCEPHALITIS			
	Current		Cumulative		Current		Cumulative		Current		Cumulative	
	(C)	(D)	(C)	(D)	(C)	(D)	(C)	(D)	(C)	(D)	(C)	(D)
HOKKAIDO	4	-	368	2	4	-	164	32	3	3	7	6
AOMORI	-	-	13	-	4	2	50	10	14	4	45	9
IWATE	1	-	15	1	1	-	16	3	15	8	167	*56
MIYAGI	-	-	59	1	3	1	98	9	17	5	353	45
AKITA	1	-	19	-	3	-	61	10	19	9	133	34
YAMAGATA	1	-	19	-	-	-	35	10	15	2	204	53
FUKUSHIMA	1	-	29	1	-	-	71	15	3	3	91	22
IBARAKI	-	-	46	-	1	-	69	17	6	4	*339	*85
TOCHIGI	-	-	*37	-	-	-	10	2	5	6	133	42
GUMMA	1	-	74	3	1	-	25	6	2	-	146	36
SAITAMA	4	-	79	1	-	-	21	10	2	5	*286	*76
CHIBA	-	-	11	-	-	-	36	5	3	2	*341	*69
TOKYO	11	-	399	5	2	1	380	99	11	15	2075	502
KANAGAWA	1	-	69	3	-	1	97	21	5	-	586	162
NIIGATA	-	-	20	1	1	-	48	7	1	-	265	38
TOYAMA	-	-	7	-	1	-	*21	6	1	3	121	52
ISHIKAWA	-	-	4	-	-	1	10	4	2	-	139	66
FUKUI	-	-	3	-	-	1	16	3	1	-	72	21
YAMANASHI	1	-	32	-	-	-	18	2	3	2	112	39
NAAGANO	2	-	98	1	2	-	34	11	25	16	271	59
GIFU	-	-	45	-	-	-	13	4	7	-	102	34
SHIZUOKA	-	-	42	3	1	-	49	12	6	2	422	133
AICHI	1	-	105	-	-	-	22	5	11	4	*491	*125
MIE	1	-	34	1	-	-	11	-	-	1	86	30
SHIGA	1	-	38	-	-	-	7	1	2	-	59	18
KYOTO	1	-	76	-	2	1	53	26	3	4	76	42
OSAKA	1	-	74	1	1	-	77	18	6	-	130	82
HYOGO	-	-	37	1	-	-	34	10	9	6	126	52
NARA	-	-	5	-	-	-	8	2	-	-	16	9
WAKAYAMA	-	-	5	1	-	-	8	1	3	5	15	10
TOTTORI	1	-	5	-	-	-	20	7	7	2	18	*7
SHIMANE	-	-	14	-	-	-	13	7	2	-	*16	*6
OKAYAMA	1	-	25	-	-	-	8	3	13	3	*70	*21
HIRCOSHIMA	-	-	17	-	-	1	19	5	3	-	38	16
YAMAGUCHI	-	-	14	-	1	-	16	1	9	2	*47	*12
TOKUSHIMA	-	-	2	-	1	1	5	2	-	-	26	7
KAGAWA	-	-	20	-	-	-	8	-	-	-	20	6
EHIME	-	-	22	-	-	-	16	7	6	3	62	26
KOCHI	-	-	10	-	-	-	5	2	2	-	26	12
FUKUOKA	-	-	29	1	1	1	36	7	9	-	38	1
SAGA	1	-	6	-	-	-	4	-	8	2	19	6
NAGASAKI	-	-	14	-	-	1	*22	9	-	-	6	1
KUMAMOTO	-	-	1	-	-	-	15	8	3	1	31	*11
OITA	-	-	8	-	1	1	9	3	-	-	16	5
MIYAZAKI	-	-	3	-	-	-	7	3	7	5	*68	15
KAGOSHIMA	-	-	6	-	-	1	22	10	17	6	137	38
TOTAL	36	-	2058	27	31	1	1787	435	286	133	8047	2197
RATE												
Current	2.3	-	3.4	0.0	2.0	0.9	3.0	0.7	18.6	8.7	13.5	3.7
Previous	2.1				2.0	0.5			32.5	10.6		

see footnotes at end of table.



Weekly Report - 25 September 1948  
Continued

PREFECTURE	MEASLES		WHOOPING COUGH		TUBERCULOSIS	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	63	2331	145	4261	492	22527
AOMORI	24	417	34	448	238	4499
IWATE	6	986	1	529	70	7132
MIYAGI	-	979	6	956	280	6173
AKITA	8	275	5	611	81	4956
YAMAGATA	5	455	18	537	62	3782
FUKUSHIMA	-	569	4	586	105	5862
IBARAKI	1	634	9	496	160	4034
TOCHIGI	-	239	14	876	72	3703
GUMMA	-	304	12	1255	68	3159
SAITAMA	1	88	10	822	130	4729
CHIBA	1	98	5	381	26	4153
TOKYO	2	856	89	3367	767	32466
KANAGAWA	2	186	26	1362	246	11566
NIIGATA	5	1224	44	2711	165	8739
TOYAMA	1	901	30	1810	168	6736
ISHIKAWA	5	690	18	1077	98	4971
FUKUI	-	*1312	8	*595	45	1809
YAMANASHI	-	46	11	246	44	1388
NAGANO	2	1019	21	1433	137	6693
GIFU	4	1930	59	626	73	4288
SHIZUOKA	-	890	8	660	157	6809
AICHI	3	1060	19	1551	457	10509
MIE	9	1271	4	497	106	3308
SHIGA	1	511	18	621	87	2437
KYOTO	2	843	24	1196	288	7862
OSAKA	3	779	35	842	699	14467
HYOGO	1	1333	30	744	220	5403
NARA	2	99	-	91	19	1713
WAKAYAMA	3	254	2	140	85	1830
TOTTORI	-	875	4	143	85	3018
SHIMANE	6	382	19	1586	228	6045
OKAYAMA	5	3273	9	735	141	5297
HIROSHIMA	8	4584	12	799	352	11317
YAMAGUCHI	-	336	13	331	93	3043
TOKUSHIMA	2	1658	-	123	42	2384
KAGAWA	-	2220	1	225	44	2189
EHIME	2	4088	31	1043	160	7251
KOCHI	2	2149	2	202	45	2313
FUKUOKA	10	1147	30	2947	296	15212
SAGA	2	294	5	655	64	2907
NAGASAKI	1	617	9	558	114	5638
KUMAMOTO	5	1138	4	530	100	3242
OTTA	2	572	13	498	63	4298
MIYAZAKI	-	387	3	277	52	3061
KAGOSHIMA	-	867	31	663	172	3081
TOTAL	199	*47166	895	*42642	7636	287999
RATE						
Current	13.0	78.8	58.3	71.3	497.8	481.4
Previous	12.5		75.2		534.0	

See footnotes at end of table.



Weekly Report - 25 September 1948  
Continued

PREFECTURE	PNEUMONIA		INFLUENZA	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	45	6765	-	147
ACMORI	43	1650	-	15
IWATE	7	1525	-	24
MIYAGI	7	2161	-	8
AKITA	10	1521	-	-
YAMAGATA	6	1197	-	9
FUKUSHIMA	13	2791	-	25
IBARAKI	14	3160	-	-
TOCHIGI	5	1803	-	45
GUMMA	8	1939	1	29
SAITAMA	12	1664	-	66
CHIBA	4	992	-	-
TOKYO	28	5075	-	128
KANAGAWA	12	2891	-	63
NIIGATA	19	3727	-	48
TOYAMA	25	3304	-	30
ISHIKAWA	8	1799	-	76
FUKUI	2	784	7	91
YAMANASHI	5	647	-	20
NAGANO	10	2245	-	35
GIFU	19	2205	-	54
SHIZUOKA	7	2178	-	22
AICHI	12	2807	3	80
MIE	4	1640	-	12
SHIGA	4	1017	3	136
KYOTO	13	1428	-	116
OSAKA	11	2234	1	105
HYOGO	16	1246	-	8
NARA	2	410	-	9
WAKAYAMA	7	1870	-	68
TOTTORI	7	849	-	12
SHIMANE	7	2538	-	33
OKAYAMA	13	1535	-	44
HIRC SHIMA	4	3143	-	279
YAMAGUCHI	5	1134	-	5
TOKUSHIMA	-	1879	-	67
KAGAWA	5	1072	-	10
EHIME	20	4457	-	138
KOCHI	2	1376	-	4
FUKUOKA	32	4050	1	313
SAGA	7	1762	-	11
NAGASAKI	14	1590	-	9
KUMAMOTO	13	1650	-	27
OITA	8	977	-	83
MIYAZAKI	12	748	-	-
KAGOSHIMA	27	1312	-	3
TOTAL	554	94747	16	2507
RATE				
CURRENT	36.1	158.4	1.0	4.2
PREVIOUS	41.3		0.9	

See footnotes at end of table.



NUMBER OF CASES AND DEATHS OF COMMUNICABLE DISEASES  
FOR COMPARABLE PERIODS, 1946, 1947 and 1948

DISEASES	Week Ended			1948	Cumulative Number for First 39 Weeks	
	25 Sep 1948	27 Sep 1947	28 Sep 1946		1947	1946
Cases						
DIPHTHERIA	209	416	840	11250	21581	35663
DYSENTERY	470	1348	4555	12890	34594	67193
TYPHOID	204	612	951	7326	14442	36414
PARATYPHOID	74	119	211	2355	3836	7111
SMALLPOX	-	2	1	27	382	17656
TYPHUS FEVER	-	4	18	458	1006	30726
MALARIA	80	245	813	4391	10276	NA
CHOLERA	-	-	11	-	-	1196
SCARLET FEVER	36	50	38	2058	2012	1454
EPIDEMIC MENINGITIS	31	50	23	1787	3036	1226
JAP. B ENCEPHALITIS (SUSPECT)	286	30	9	8047	198	NA
PLAGUE	-	-	-	-	-	-
Deaths						
DIPHTHERIA	16	23	47	1008	1817	2888
DYSENTERY	122	273	608	3409	6174	9507
TYPHOID	42	44	143	875	1669	4247
PARATYPHOID	-	10	13	111	209	359
SMALLPOX	-	-	-	-	38	2705
TYPHUS FEVER	-	-	1	33	82	2794
MALARIA	-	2	2	28	20	NA
CHOLERA	-	-	10	-	-	509
SCARLET FEVER	-	-	1	27	47	85
EPIDEMIC MENINGITIS	14	14	15	435	973	330
JAP. B ENCEPHALITIS (SUSPECT)	133	17	6	2197	94	NA
PLAGUE	-	-	-	-	-	-

CASE AND DEATH RATES OF COMMUNICABLE DISEASES  
FOR COMPARABLE PERIODS, 1946, 1947, 1948

DISEASES	Week Ended			1948	Cumulative Rates for First 39 Weeks	
	25 Sep 1948	27 Sep 1947	28 Sep 1946		1947	1946
Case Rate						
DIPHTHERIA	13.6	27.8	58.2	18.8	37.0	63.3
DYSENTERY	30.6	90.1	315.4	21.5	59.3	119.3
TYPHOID	13.3	40.9	65.9	12.2	24.8	64.7
PARATYPHOID	4.8	8.0	14.6	3.9	6.6	12.6
SMALLPOX	-	0.1	0.1	0.0	0.7	31.3
TYPHUS FEVER	-	0.3	1.2	0.8	1.7	54.6
MALARIA	5.2	16.4	56.3	7.3	17.6	NA
CHOLERA	-	-	0.8	-	-	2.1
SCARLET FEVER	2.3	3.3	2.6	3.4	3.4	2.6
EPIDEMIC MENINGITIS	2.0	3.3	1.6	3.0	5.2	2.2
JAP. B ENCEPHALITIS (SUSPECT)	18.6	2.0	0.6	13.5	0.3	NA
PLAGUE	-	-	-	-	-	-
Death Rate						
DIPHTHERIA	1.0	1.5	3.3	1.7	3.1	5.1
DYSENTERY	8.0	18.2	42.1	5.7	10.6	16.9
TYPHOID	2.7	2.9	9.9	1.5	2.9	7.5
PARATYPHOID	-	0.7	0.9	0.2	0.4	0.6
SMALLPOX	-	-	-	0.0	0.1	4.8
TYPHUS FEVER	-	-	0.1	0.1	0.1	5.0
MALARIA	-	0.1	0.1	0.0	0.0	NA
CHOLERA	-	-	0.7	-	-	0.9
SCARLET FEVER	-	-	0.1	0.0	0.1	0.2
EPIDEMIC MENINGITIS	0.9	0.9	1.0	0.7	1.7	0.6
JAP. B ENCEPHALITIS (SUSPECT)	8.7	1.1	0.4	3.7	0.2	NA
PLAGUE	-	-	-	-	-	-

See footnotes at end of table.



WEEKLY SUMMARY REPORT  
OF  
VENEREAL DISEASES IN JAPAN

WEEK ENDED 25 September 1948

PREFECTURE	(C) Current Cases		(T) Total cases for year to date			
	CHANCROID		GONORRHEA		SYPHILIS	
	(C)	(T)	(C)	(T)	(C)	(T)
HOKKAIDO	9	752	134	7182	124	5636
AOMORI	6	317	50	2302	47	1548
IWATE	1	82	6	815	9	1154
MIYAGI	11	398	74	2007	77	1805
AKITA	3	152	17	1877	10	1973
YAMAGATA	3	50	19	829	43	1762
FUKUSHIMA	3	324	49	2556	53	2235
IBARAKI	9	590	29	2527	39	2607
TOCHIGI	3	272	25	2296	45	3374
GUMMA	6	184	40	1865	64	2271
SAITAMA	5	263	36	1736	48	1731
CHIBA	2	888	32	5796	33	4978
TOKYO	24	1445	337	10542	231	11115
KANAGAWA	23	1475	200	10670	203	7331
NIIGATA	1	361	16	2595	34	2980
TOYAMA	3	222	39	1956	45	2130
ISHIKAWA	1	316	17	1738	38	1570
FUKUI	1	140	37	1213	24	1312
YAMANASHI	2	114	14	1089	20	804
NAGANO	1	198	44	5701	49	4578
GIFU	7	416	94	2636	27	1595
SHIZUOKA	8	445	83	4230	84	4489
AICHI	157	5646	272	15586	295	13662
MIE	11	463	65	2038	83	2887
SHIGA	7	395	28	1090	27	1219
KYOTO	22	1316	95	5443	179	5726
OSAKA	26	1442	141	7820	178	9256
HYOGO	27	1924	142	12176	226	17076
NARA	9	503	37	1925	43	2095
WAKAYAMA	5	*609	44	*3291	40	*2314
TOTTORI	4	187	22	1870	38	1588
SHIMANE	-	82	9	696	24	775
OKAYAMA	14	803	60	3604	89	3490
HIROSHIMA	17	928	192	5751	126	4319
YAMAGUCHI	23	749	185	5427	134	4335
TOKUSHIMA	2	190	20	1006	13	1102
KAGAWA	7	287	19	978	51	1395
EHIME	6	272	49	2125	65	2159
KOCHI	5	190	17	1248	12	963
FUKUOKA	38	2045	267	11635	265	9895
SAGA	2	232	69	2871	115	2227
NAGASAKI	5	*508	65	*4284	85	*3326
KUMAMOTO	2	265	41	2931	49	2758
OITA	8	*275	63	*2388	54	*1921
MIYAZAKI	1	110	35	1456	36	1068
KAGOSHIMA	1	177	23	2557	33	2179
TOTAL	531	*29002	3352	*174354	3607	*166713
RATE						
Current	34.6	48.5	218.5	291.5	235.2	278.7
Previous	34.6		230.1		242.5	

See footnotes at end of table.



NUMBER OF CASES AND CASE RATES OF  
VENEREAL DISEASES IN JAPAN FOR  
COMPARABLE PERIODS, 1946, 1947, 1948

DISEASES	Week Ended			Cumulative Number For		
	25 Sep 1948	27 Sep 1947	28 Sep 1946	first 39 Weeks		
				1948	1947	1946
<u>Number</u>						
Chancroid	531	798	773	29002	30599	20612
Gonorrhea	3352	4937	3065	174354	159031	89249
Syphilis	3607	3334	1935	166713	107836	50438
<u>Rate</u>						
Chancroid	34.6	53.3	53.5	48.5	52.4	36.6
Gonorrhea	218.5	330.0	212.2	291.5	272.6	158.5
Syphilis	235.2	222.9	134.0	278.7	184.8	89.6

- Note: 1. There were no cases or deaths reported for plague.
2. Rates are the number of cases or deaths per 100,000 population, estimated as of 1 July 1948 and are computed on an annual basis.
3. A dash (-) indicates that no cases or deaths were reported and that the case or death rate was zero.
4. A rate of 0.0 indicates that there were some cases or deaths but that the rate was less than 0.1.
5. "NA" indicates data are not available.
6. "NA" indicates that no report was received.
7. \*Cumulative figures adjusted for delayed and corrected reports.



## MONTHLY SUMMARY OF VITAL STATISTICS IN JAPAN: JULY 1948

The attached tables summarize the vital events of Japan, total "shi" combined (Cities having 30,000 or more population), total "gun" combined (areas having less than 30,000 population), and each prefecture for the month of July. Also shown are revised rates for live births, deaths (all ages), marriages and divorces for the same areas, for the months of January through June, 1948. Rates for live births, deaths (all ages), marriages and divorces are the number of events per 1,000 population (estimated 1 July 1948 and distributed according to the August Population Census) and are computed on an annual basis. Rates for infant deaths and stillbirths are the number of events per 1,000 live births during the corresponding period.

**Live Births** There were 205,602 live births in July, compared with 187,732 in the previous month. Following the usual seasonal pattern, the birth rate increased approximately 6 percent from 28.6 in June to 30.3 currently. For the third consecutive month, however, the birth rate has been lower (13 percent) than the rate for the corresponding month last year (34.7). The current rate was 20 percent higher than the July median rate (25.2) based on the seven-year period 1935-1941.

The birth rate for all "shi" combined (30.7) was approximately the same as for all "gun" (30.0). Prefectural rates ranged from 24.1 in Nagano to 34.9 in Fukuoka and Miyazaki. Thirty-seven prefectural rates were within plus or minus 10 percent of the national rate. Aomori, Kagawa and 3 prefectures in Kyushu (Fukuoka, Miyazaki and Nagasaki) had rates that exceeded the national average by more than 10 percent. Akita, Yamanashi, Nagano and Wakayama had rates that were less than 90 percent of the average for all Japan.

**Deaths (all ages)** The number of deaths in July was 80,494 compared with 73,604 last month. The death rate increased approximately 5 percent from 11.2 previously to 11.8 in the current month. This is in accordance with past experience. There has been an increase in the July death rate in each year for which monthly data are available. The current rate is the lowest ever recorded for the month of July. It was 20 percent lower than the rate for the corresponding period of 1947 (14.7), and more than 30 percent below the median July death rate (17.4) for the seven-year period 1935-1941.

The rate for all "gun" combined (12.3) was nearly 13 percent higher than for all "shi" (10.9). Prefectural rates ranged from 9.3 in Tokyo to 38.2 in Fukui Prefecture. Like last month, the high rate in Fukui was due to deaths resulting from the earthquake in June. Aomori had the second highest death rate (16.7). Rates of 31 prefectures were within plus or minus 10 percent of the national rate. Twelve prefectural rates exceeded the national average by more than 10 percent. These were Fukui, Aomori, Ishikawa, Toyama, Saga, Iwate, Gifu, Nara, Shiga, Shimane, Akita and Oita. Four prefectures (Shizuoka, Tokyo, Kanagawa and Miyagi) had rates that were less than 90 percent of the national rate. Deaths and death rates per 100,000 population for the 10 leading causes of death in July were: tuberculosis, all forms (12,833) (188.9); diarrhea, enteritis and ulceration of the intestines (11,709) (172.4); intracranial lesions of vascular origin (6,177) (90.9); accidental deaths (5,864) (86.3); cancer and other malignant tumors (4,939) (72.7); senility (4,151) (61.1); diseases of the heart (3,687) (54.3); nephritis (2,746) (40.4); pneumonia, all forms (2,338) (34.4); and congenital debility (2,184) (32.2). These ten leading causes accounted for 56,628 deaths, about 70 percent of the total number of deaths from all causes. In contrast with the increase in the total death rate for all causes, the rates of 7 of the leading causes decreased from the June level while only 3 increased. Diarrhea and enteritis increased 56 percent, from 110.2 in June to 172.4 in July. The rate for diarrhea and enteritis under 2 years of age increased 68 percent, from 70.0 to 117.4 whereas the rate for this cause, 2 years of age and over, increased 37 percent, from 40.2 and 54.9 currently. The death rate for accidents increased approximately 40 percent, from 61.4 to 86.3 in July. Most of the increase was due to accidental deaths resulting from the earthquake in Fukui. Cancer and other malignant tumors increased only slightly from a rate of 70.9 in June to 72.7 in July.

**Infant deaths** Deaths of infants under 1 year of age totalled 12,346 in July compared with 11,228 in June. The rate per 1,000 live births remained about the same (60.0 currently and 59.8 last month). This was the lowest rate recorded for July in the eight years for which monthly data are available. The current rate was 17 percent less than the figure (71.9) recorded for the corresponding month last year, and more than 40 percent below the median infant death rate for July (102.2) during the five-year period 1938-1942.



The rate for all "shi" combined (50.0) was nearly 25 percent less than for all "gun" (65.5). There was a wide range in prefectural rates, from 39.7 in Tokyo to 187.2 in Fukui. As was the case in deaths (all ages), the earthquake in June accounted for a large percent of the infant deaths in Fukui. Aomori had the second highest infant death rate (127.7). Only 15 prefectures had rates within plus or minus ten percent of the national average. Of the 14 prefectures that had rates that exceeded the national rate by more than 10 percent, five prefectures (Akita, Aomori, Fukui, Ishikawa, and Iwate) had rates that were more than 50 percent higher. Rates in 17 prefectures were more than 10 percent below the national figure.

The 10 leading causes of death among infants under one year of age accounted for more than 80 percent of the total infant deaths. The two leading causes (diarrhea, enteritis and ulceration of the intestines and congenital debility) accounted for 6,570 deaths, 53 percent of the total of infant deaths from all causes. The number of deaths and the death rates per 1,000 live births for each of the ten leading causes, in order of their importance was: diarrhea, enteritis and ulceration of the intestines (4,386) (21.3); congenital debility (2,184) (10.6); premature birth (916) (4.5); pneumonia, all forms (821) (4.0); other diseases peculiar to the first year of life (504) (2.5); congenital malformations (361) (1.8); whooping cough (320) (1.6); bronchitis (301) (1.5); accidental deaths (281) (1.4); measles (240) (1.2). The eleventh cause was meningitis not due to meningococcus which accounted for 239 deaths with a rate of 1.2. Rates for 5 of these leading causes of death declined from the figure recorded for the previous month. The rates for diarrhea and enteritis, congenital malformations, whooping cough, accidental deaths and other diseases peculiar to the first year of life increased. The largest increase was in the death rate from diarrhea and enteritis, which rose 41 percent, from 15.1 in June to 21.3 in July.

Stillbirths Stillbirths in July numbered 11,139 compared with 10,400 in the previous month. The stillbirth rate (per 1,000 live births) decreased somewhat from 55.4 in June to 54.2 this month. The current rate continued to be higher (about 18 percent) than that recorded for the corresponding month last year (46.0). However, it was 6 percent less than the July median rate (57.5) based on the seven-year period 1935-1941.

The rate for all "shi" combined (66.2) was almost 40 percent higher than of all "gun" (47.7). Prefectural rates varied greatly, from 34.5 in Saga to 68.6 in Nagano. Twenty-six prefectural rates were within plus or minus 10 percent of the national figure. The highest rates were recorded in Nagano, Shimane, Yamanashi, Okayama and Tottori Prefectures. Ten were higher and ten lower. Especially low rates prevailed in Ishikawa, Saga and Toyama Prefectures.

Marriages The usual seasonal decline in marriages continued. The current total was 68,821 compared with 71,542 in June. The July marriage rate (10.1) declined about 7 percent from 10.9 last month. The rate for July 1948 was approximately 10 percent lower than that for the corresponding month in 1947 (11.2). It was 68 percent higher than the median July rate (6.0) for the seven-year period 1932-1938.

The rate in all "shi" combined (10.0) was almost the same as in all "gun" (10.2). Rates among the prefectures varied from 7.4 in Yamanashi to 12.4 in Kagawa and Saga. Rates of 24 prefectures were within plus or minus 10 percent of the national rate. Twelve prefectures had rates that were more than 10 percent higher than the national average, with considerably higher rates in 4 of these prefectures (Kagawa, Miyazaki, Nagasaki and Saga). Rates that were more than 10 percent below the national figure were recorded in 10 prefectures. Especially low rates were recorded in Gumma, Nagano and Yamanashi Prefectures.

Divorces Divorces totalled 6,415 in July compared with 6,067 last month. The rate (0.9) remained the same as in June. The current rate was slightly less than that for the corresponding period last year (1.0), but was 50 percent higher than the median July rate (0.6) for the seven-year period 1932-1938.

The rate for all "shi" combined was 1.0 compared with 0.9 for all "gun". Prefectural rates ranged from 0.6 in Gumma, Ibaraki and Saitama to 1.7 in Akita. Rates of 10 prefectures were the same as the national rate; 22 were higher and 14 were lower.



NUMBER OF LIVE BIRTHS, DEATHS, INFANT DEATHS, STILLBIRTHS,  
MARRIAGES AND DIVORCES: JAPAN AND EACH PREFECTURE, JULY 1948

PREFECTURE	LIVE BIRTH	DEATH	* INFANT DEATH	STILL BIRTH	MARRIAGE	DIVORCE
ALL JAPAN	205602	80494	12346	11139	68821	6415
TOTAL ALL "SHI"	72037	25682	3603	4768	23490	2327
TOTAL ALL "GUN"	133565	54812	8743	6371	45331	4088
AICHI	8897	2976	442	448	2814	186
AKITA	2922	1434	286	177	1219	181
AOMORI	3445	1724	440	151	1076	121
CHIBA	4981	2039	270	279	1844	134
EHIME	4003	1435	189	228	1376	157
FUKUI	1993	2369	373	95	543	42
FUKUOKA	9787	3057	404	531	3167	287
FUKUSHIMA	5117	1893	315	291	1704	162
GIFU	3962	1733	252	178	1423	105
GUMMA	4079	1537	182	236	1072	86
HIROSHIMA	4819	2134	293	259	2063	216
HOKKAIDO	10948	3881	758	502	3425	328
HYOGO	8527	3025	416	477	2767	247
IBARAKI	4811	1935	259	299	1560	103
ISHIKAWA	2475	1182	260	91	779	113
IWATE	3385	1479	310	180	1134	137
KAGAWA	2687	959	160	142	984	93
KAGOSHIMA	4644	1867	321	249	1583	136
KANAGAWA	5552	1837	222	316	1659	152
KOCHI	2104	829	134	122	840	89
KUMAMOTO	4688	1821	233	263	1643	155
KYOTO	4612	1685	192	228	1451	118
MIE	3633	1505	236	170	1216	88
MIYAGI	3880	1439	267	246	1378	113
MIYAZAKI	3107	1001	163	139	1100	84
NAGANO	4244	1933	215	291	1360	138
NAGASAKI	4453	1560	242	219	1614	167
NARA	1858	884	146	94	782	60
NIIGATA	6135	2553	445	342	1912	258
OITA	3398	1384	197	199	1175	100
OKAYAMA	4087	1767	248	273	1627	127
OSAKA	9439	3252	495	548	3204	286
SAGA	2553	1080	168	88	980	81
SAITAMA	5297	2154	304	317	1537	111
SHIGA	2079	987	171	95	668	75
SHIMANE	2251	1016	169	153	841	87
SHIZUOKA	6278	2001	313	333	1713	192
TOCHIGI	3999	1493	194	227	1244	90
TOKUSHIMA	2283	853	129	144	790	68
TOKYO	12908	4277	513	722	4126	369
TOTTORI	1434	615	102	94	535	55
TOYAMA	2777	1253	231	109	775	98
WAKAYAMA	2200	945	143	126	938	100
YAMAGATA	3193	1400	253	156	1207	133
YAMAGUCHI	3842	1540	195	189	1463	125
YAMANASHI	1836	771	96	123	510	62

\* Deaths under 1-year of age.

Source: Bureau of Public Health, Ministry of Welfare.



Birth, Death, Infant Death, Stillbirth, Marriage and  
Divorce Rates: Japan & Each Prefecture - July 1948

	*Birth Rate	*Death Rate	**Infant Death Rate	**Still- birth Rate	*Marriage Rate	*Divorce Rate
ALL JAPAN	30.3	11.8	60.0	54.2	10.0	0.9
TOTAL ALL "SHI"	30.7	10.9	50.0	66.2	10.0	1.0
TOTAL ALL "GUN"	30.0	12.3	65.5	47.7	10.2	0.9
ACHIHI	32.6	10.9	49.7	50.4	10.3	0.7
AKITA	26.9	13.2	97.9	60.6	11.2	1.7
AMORI	33.4	16.7	127.7	43.8	10.4	1.2
CHIBA	27.5	11.2	54.2	56.0	10.2	0.7
CHIME	31.9	11.4	47.2	57.0	11.0	1.3
FUKUI	32.1	(1)38.2	(2)187.2	47.7	8.7	0.7
FUKUOKA	34.9	10.9	41.3	54.3	11.3	1.0
FUKUSHIMA	29.8	11.0	61.6	56.9	9.9	0.9
GIFFU	30.7	13.4	63.6	44.9	11.0	0.8
GUAMA	29.9	11.3	44.6	57.9	7.9	0.6
HI OSHIMA	27.8	12.3	60.8	53.7	11.9	1.2
HOKKAIDO	32.2	11.4	69.2	45.9	10.1	1.0
IYOGO	31.9	11.3	48.8	55.9	10.4	0.9
ISAFUKI	27.8	11.2	53.8	62.1	9.0	0.6
ISHIKAWA	31.0	14.8	105.1	36.8	9.8	1.4
IWATE	30.9	13.5	91.6	53.2	10.3	1.2
KAGAWA	34.0	12.1	59.5	52.8	12.4	1.2
KAGOSHIMA	31.0	12.5	69.1	53.6	10.6	0.9
KANAGAWA	28.3	9.4	40.0	56.9	8.5	0.8
KICHI	28.7	11.3	63.7	58.0	11.5	1.2
KUMAMOTO	31.0	12.0	49.7	56.1	10.9	1.0
KYOTO	30.5	11.2	41.6	49.4	9.6	0.8
KIE	29.6	12.2	65.0	46.8	9.9	0.7
KIYAGI	28.7	10.6	68.8	63.4	10.2	0.8
KIYAZAKI	34.9	11.2	52.5	44.7	12.3	0.9
KAGANO	24.1	11.0	50.7	68.6	7.7	0.8
KAGASAKI	33.6	11.8	54.3	49.2	12.2	1.3
KAFU	28.2	13.4	78.6	50.6	11.9	0.9
KIIGATA	29.7	12.4	72.5	55.7	9.3	1.3
KITA	32.2	13.1	58.0	58.6	11.1	0.9
KIYAYAMA	29.2	12.6	60.7	66.8	11.6	0.9
KIYAKA	31.7	10.9	52.4	58.1	10.8	1.0
KIYAGA	32.4	13.7	65.8	34.5	12.4	1.0
KIYATAMA	29.3	11.9	57.4	59.8	8.5	0.6
KIYIGA	28.1	13.3	82.3	45.7	9.0	1.0
KIYIMANE	29.4	13.3	75.1	68.0	11.0	1.1
KIYIZUOKA	30.8	9.8	49.9	53.0	8.4	0.9
KIYOHIGI	30.3	11.3	48.5	56.8	9.4	0.7
KIYUSHIMA	31.0	11.6	56.5	63.1	10.7	0.9
KIYOKYO	28.1	9.3	39.7	55.9	9.0	0.8
KIYOTOFU	28.6	12.2	71.1	65.6	10.7	1.1
KIYOTAMA	32.9	14.8	83.2	39.3	9.2	1.2
KIYKAYAMA	26.5	11.4	65.0	57.3	11.3	1.2
KIYAGATA	28.0	12.3	79.2	48.9	10.6	1.2
KIYAGUCHI	30.1	12.1	50.8	49.2	11.5	1.0
KIYANASHI	26.6	11.2	52.3	67.0	7.4	0.9

\* Rates are the number of events per 1,000 population, estimated 1 July 1948 and distributed according to the August Fation Count.

\*\* Rates are the number of events per 1,000 live births in the corresponding period.

(1) Deaths in Fukui Prefecture include 1403 accidental deaths, 1347 of which were due to the earthquake in June.

(2) Infant deaths in Fukui Prefecture include 142 accidental deaths, all of which were due to the earthquake in June.



\* REVISED LIVE BIRTH, DEATH, MARRIAGE AND DIVORCE RATES,  
BY PREFECTURE: JAPAN, JANUARY 1948.

	BIRTH RATE	DEATH RATE	MARRIAGE RATE	DIVORCE RATE
ALL JAPAN	46.3	13.8	10.4	0.6
TOTAL "ALL SHI"	44.1	12.4	9.6	0.6
TOTAL "ALL GUN"	47.5	14.5	10.9	0.5
AICHI	49.6	13.7	10.9	0.4
AKITA	43.3	14.6	8.9	0.9
AOMORI	44.2	13.9	11.1	0.6
CHIBA	45.7	14.9	7.7	0.4
EHIME	47.3	13.6	12.5	0.6
FUKUI	47.5	13.8	8.8	0.6
FUKUOKA	47.1	14.2	11.5	0.7
FUKUSHIMA	46.9	12.7	10.9	0.6
GIFU	49.3	13.5	7.8	0.2
GUMMA	48.3	14.0	8.8	0.4
HIROSHIMA	44.8	13.2	12.0	1.0
HOKKAIDO	52.0	11.9	10.3	0.4
HYOGO	42.4	13.3	11.4	0.6
IBARAKI	47.4	15.2	10.2	0.3
ISHIKAWA	52.0	15.3	10.1	0.7
IWATE	44.5	14.7	11.2	0.7
KAGAWA	46.0	14.4	15.3	1.0
KAGOSHIMA	51.2	16.0	13.9	0.8
KANAGAWA	49.7	12.0	8.6	0.4
KOCHI	41.1	15.3	12.4	0.8
KUMAMOTO	47.8	15.0	9.8	0.5
KYOTO	41.2	12.6	9.0	0.4
MIE	44.2	15.7	9.1	0.3
MIYAGI	47.9	13.8	12.2	0.6
MIYAZAKI	55.2	14.8	14.6	0.7
NAAGANO	40.2	13.2	8.4	0.4
NAGASAKI	46.5	15.0	12.8	1.0
NARA	41.4	14.3	11.6	0.7
NIIGATA	43.4	14.1	12.2	0.6
OITA	47.5	16.1	9.7	0.4
OKAYAMA	45.9	16.4	11.8	0.6
OSAKA	39.6	12.4	9.5	0.5
SAGA	49.2	17.0	13.1	0.8
SAITAMA	43.7	13.1	9.3	0.3
SHIGA	41.8	15.6	10.4	0.5
SHIMANE	48.0	15.1	10.6	0.7
SHIZUOKA	52.7	12.6	9.0	0.5
TOCHIGI	49.8	13.4	11.8	0.6
TOKUSHIMA	49.4	15.9	14.0	0.7
TOKYO	45.4	11.3	8.4	0.5
TOTTORI	52.0	14.6	12.2	0.8
TOYAMA	44.8	14.9	11.3	0.8
WAKAYAMA	44.3	13.0	10.7	0.6
YAMAGATA	41.6	14.4	7.7	0.6
YAMAGUCHI	44.2	15.2	9.1	0.6
YAMANASHI	46.3	14.1	8.9	0.4

\*Revised rates are the number of events per 1,000 population estimated as of 1 July 1948 and distributed by prefecture according to Nation Census of 1 August 1948. Rates are computed on an annual basis.



\*REVISED LIVE BIRTH, DEATH, MARRIAGE AND DIVORCE RATES  
BY PREFECTURE: JAPAN, FEBRUARY 1948.

PREFECTURE	BIRTH RATE	DEATH RATE	MARRIAGE RATE	DIVORCE RATE
ALL JAPAN	41.0	14.1	14.9	1.0
TOTAL ALL "SHI"	37.7	12.7	12.8	1.0
TOTAL ALL "GUN"	42.7	14.7	16.1	1.0
AICHI	41.0	13.1	13.3	0.7
AKITA	48.9	16.8	11.8	1.3
AMORI	46.5	14.6	13.7	1.1
CHIBA	38.8	15.2	14.0	0.8
EHIME	41.3	14.1	15.5	1.0
FUKUI	44.1	15.3	16.1	1.5
FUKUOKA	39.5	13.9	16.2	1.2
FUKUSHIMA	40.7	12.5	14.6	0.8
GIFU	45.1	14.2	16.7	1.0
GUMMA	41.9	14.3	15.8	1.1
HIROSHIMA	35.2	13.7	15.9	1.2
HOKKAIDO	46.5	12.8	13.7	0.9
HYOGO	38.5	13.6	13.8	0.9
IBARAKI	43.2	14.8	14.2	0.6
ISHIKAWA	46.5	16.9	17.5	1.6
IWATE	45.7	16.3	15.3	1.2
KAGAWA	46.7	15.6	18.3	1.2
KAGOSHIMA	40.6	14.2	17.2	1.1
KANAGAWA	40.2	12.1	13.2	0.8
KOCHI	37.2	15.5	17.6	1.3
KUMAMOTO	40.4	14.4	16.2	1.3
KYOTO	35.8	13.4	15.2	1.0
MIE	39.8	15.5	16.0	0.8
MIYAGI	43.6	14.2	13.1	0.8
MIYAZAKI	44.5	13.2	16.9	1.2
NAGANO	35.2	13.6	14.3	0.8
NAGASAKI	42.6	15.2	15.1	1.4
NARA	34.6	14.6	15.9	1.0
NIIGATA	41.7	15.3	15.2	1.0
OITA	43.1	16.6	16.3	0.9
OKAYAMA	40.5	14.6	15.9	1.0
OSAKA	35.8	12.3	13.9	0.9
SAGA	41.0	17.2	17.2	1.2
SAITAMA	45.2	15.1	17.1	0.7
SHIGA	39.6	15.6	17.6	1.0
SHIMANE	42.4	15.8	14.9	1.5
SHIZUOKA	42.0	12.9	16.6	1.1
TOCHIGI	44.9	14.4	15.5	0.7
TOKUSHIMA	46.9	16.2	18.7	1.0
TOKYO	37.9	11.4	12.2	0.8
TOTTORI	43.7	15.7	16.9	1.0
TOYAMA	46.8	16.0	15.0	1.5
WAKAYAMA	35.8	13.1	15.1	0.9
YAMAGATA	41.0	15.0	12.3	1.3
YAMAGUCHI	35.9	14.6	16.5	1.3
YAMANASHI	38.0	13.4	13.0	0.6

\* Revised rates are the number of events per 1,000 population estimated as of 1 July 1948 and distributed by prefecture according to Ration Census of 1 Aug 1948. Rates are computed on an annual basis.



\*REVISED LIVE BIRTH, DEATH, MARRIAGE AND DIVORCE RATES BY  
PREFECTURE: JAPAN, MARCH 1948

PREFECTURE	BIRTH RATE	DEATH RATE	MARRIAGE RATE	DIVORCE RATE
ALL JAPAN	37.9	13.6	15.7	1.1
ALL "SHI"	34.9	12.3	13.0	1.1
ALL "GUN"	39.4	14.3	17.2	1.1
AICHI	34.7	12.7	14.0	0.9
AKITA	41.9	17.0	15.6	1.8
AOMORI	45.7	16.0	16.0	1.3
CHIBA	36.5	14.7	14.8	0.5
EHIME	40.0	13.8	16.9	1.4
FUKUI	43.4	16.0	19.3	1.9
FUKUOKA	37.0	12.0	16.0	1.1
FUKUSHIMA	42.8	14.3	17.7	1.4
GIFU	38.9	13.3	17.1	1.1
GUMMA	37.2	14.1	15.3	1.0
HIROSHIMA	32.6	12.9	15.7	1.3
HOKKAIDO	46.1	12.9	13.7	1.0
HYOGO	39.9	13.0	14.9	1.1
IBARAKI	38.9	14.6	15.6	0.7
ISHIKAWA	43.4	16.6	16.9	1.5
IWATE	40.3	15.8	15.7	1.5
KAGAWA	40.4	14.6	20.1	1.4
KAGOSHIMA	33.4	11.8	16.8	1.0
KANAGAWA	36.6	11.5	12.7	0.8
KOCHI	34.1	14.1	17.1	1.3
KUMAMOTO	34.7	12.7	18.5	1.4
KYOTO	34.1	13.0	14.7	1.2
MIE	35.1	14.9	18.0	1.1
MIYAGI	40.7	14.5	16.5	1.0
MIYAZAKI	39.0	11.9	18.1	1.3
NAGANO	32.8	13.1	14.7	0.9
NAGASAKI	37.9	13.8	16.9	1.5
NARA	34.8	13.6	17.5	1.1
NIIGATA	42.8	16.0	15.7	1.3
OITA	36.5	15.1	12.5	1.5
OKAYAMA	36.5	14.7	17.2	1.4
OSAKA	37.4	12.2	15.1	1.1
SAGA	38.1	15.5	18.3	1.2
SAITAMA	37.2	14.0	15.0	0.7
SHIGA	38.1	15.5	18.8	1.0
SHIMANE	38.7	15.2	18.0	1.4
SHIZUOKA	37.8	12.2	16.1	1.0
TOCHIGI	40.3	13.0	16.4	1.0
TOKUSHIMA	42.9	15.2	19.5	1.1
TOKYO	33.8	11.5	10.9	0.7
TOTTORI	38.6	15.5	20.3	1.3
TOYAMA	40.6	16.0	15.3	1.8
WAKAYAMA	34.6	12.9	16.7	1.2
YAMAGATA	37.3	16.7	14.8	1.5
YAMAGUCHI	33.6	13.9	17.1	1.4
YAMANASHI	33.6	12.7	16.9	0.8

\*Revised rates are the number of events per 1,000 population estimated as of 1 July 1948 and distributed by prefecture according to Ration Census of 1 August 1948. Rates are computed on an annual basis.



\*REVISED LIVE BIRTH, DEATH, MARRIAGE AND DIVORCE RATES BY  
PREFECTURE:: JAPAN, APRIL 1948

PREFECTURE	BIRTH RATE	DEATH RATE	MARRIAGE RATE	DIVORCE RATE
ALL JAPAN	34.1	12.1	6.7	1.1
ALL "SHI"	31.6	11.2	13.4	1.1
ALL "GUN"	35.5	12.6	16.8	1.1
AICHI	34.5	10.5	13.8	.9
AKITA	36.8	15.6	13.8	1.9
AOUMORI	42.7	14.7	13.9	1.1
CHIBA	32.4	12.2	14.8	.9
EHIME	35.9	11.5	15.6	1.5
FUKUI	39.4	14.2	19.9	1.6
FUKUOKA	34.4	11.0	15.5	1.2
FUKUSHIMA	38.0	13.3	18.7	1.2
GIFU	34.9	12.3	15.6	.9
GUMMA	32.9	12.4	19.6	1.0
HIROSHIMA	30.8	11.9	15.4	1.3
HOKKAIDO	40.8	12.2	14.3	1.0
HYOGO	33.2	11.4	13.8	1.0
IBARAKI	34.2	11.9	15.3	1.8
ISHIKAWA	39.3	15.7	15.9	1.6
IWATE	41.8	15.8	15.6	1.4
KAGAWA	37.3	12.0	17.7	.9
KAGOSHIMA	37.5	11.3	16.8	1.2
KANAGAWA	30.6	10.1	14.1	.9
KOCHI	31.6	12.6	16.0	1.5
KUMAMOTO	31.6	11.1	18.3	1.3
KYOTO	29.8	11.6	13.5	.9
MIE	30.0	12.5	15.6	.9
MIYAGI	38.4	12.5	15.8	.9
MIYAZAKI	36.6	10.3	17.3	1.1
NAGANO	28.9	12.0	17.9	.9
NAGASAKI	33.9	11.6	16.7	1.3
NARA	28.0	11.9	16.4	1.1
NIIGATA	35.2	15.6	18.7	1.4
OITA	36.2	13.5	17.7	1.2
OKAYAMA	33.5	12.5	15.2	1.1
OSAKA	31.9	10.7	13.8	1.2
SAGA	33.7	13.0	18.4	1.2
SAITAMA	31.3	11.6	15.2	.8
SHIGA	30.8	13.8	17.7	1.0
SHIMANE	35.9	14.5	15.4	1.4
SHIZUOKA	35.9	10.4	16.3	1.1
TOCHIGI	35.4	11.3	15.3	.8
TOKUSHIMA	38.0	14.1	18.2	1.2
TOKYO	29.6	10.5	13.2	1.0
TOTTORI	37.9	13.7	17.3	1.4
TOYAMA	38.2	15.2	15.0	1.7
WAKAYAMA	29.9	11.2	16.0	1.3
YAMAGATA	31.8	15.4	18.0	1.4
YAMAGUCHI	31.2	12.6	15.4	1.1
YAMANASHI	33.5	10.7	16.1	.9

\*Revised rates are the number of events per 1,000 population estimated as of 1 July 1948 and distributed by prefecture according to the Ration Census of 1 August 1948. Rates are computed on an annual basis.



\*REVISED LIVE BIRTH, DEATH, MARRIAGE AND DIVORCE  
RATES, BY PREFECTURE: JAPAN, MAY 1948

PREFECTURE	BIRTH RATE	DEATH RATE	MARRIAGE RATE	DIVORCE RATE
ALL JAPAN	29.7	11.1	14.0	1.1
ALL "SHI"	27.9	10.3	12.9	1.2
ALL "GUN"	30.6	11.5	14.6	1.0
AICHI	28.4	09.8	13.2	0.9
AKITA	28.1	13.8	13.2	1.6
AOMORI	36.6	13.2	11.3	1.2
CHIBA	27.1	11.2	11.5	0.8
EHIME	29.7	11.2	14.1	1.4
FUKUI	35.2	12.4	16.2	1.3
FUKUOKA	31.3	10.2	14.4	1.4
FUKUSHIMA	36.6	11.7	15.7	1.4
GIFU	31.6	11.4	15.6	0.9
GUMMA	27.8	10.6	16.7	1.0
HIPOSHIMA	27.7	11.4	14.3	1.2
HOKKAIDO	35.8	10.8	11.5	1.0
HYOGO	30.1	11.0	13.2	1.1
IBATAKI	30.5	10.7	13.7	0.8
ISHIKAWA	32.1	13.2	12.5	1.1
IWATE	33.8	14.3	12.7	1.3
KAGAWA	31.1	11.4	15.5	1.1
KAGOSHIMA	30.6	11.6	12.8	0.8
KANAGAWA	27.0	09.2	13.7	1.0
KOCHI	25.7	11.3	12.7	1.3
KUMAMOTO	28.3	11.4	15.9	1.2
KYOTO	27.7	10.6	12.8	0.9
MIE	26.8	10.5	13.7	1.0
MIYAGI	32.2	11.2	14.1	1.2
MIYAZAKI	32.3	10.8	13.6	1.2
NAGANO	27.3	10.8	17.0	0.9
NAGASAKI	31.0	12.2	15.9	1.4
NARA	25.8	11.6	14.9	1.0
NIIGATA	32.0	13.9	16.1	1.2
OITA	29.3	12.3	15.7	1.2
OKAYAMA	28.1	11.8	14.2	1.0
OSAKA	27.3	09.9	12.7	1.2
SAGA	29.2	11.9	15.3	0.9
SAITAMA	27.9	10.2	14.8	0.9
SHIGA	30.5	11.7	15.0	1.1
SHIMANE	29.5	12.4	14.6	1.2
SHIZUOKA	28.9	10.2	14.4	1.0
TOCHIGI	32.4	10.0	14.0	0.9
TOKUSHIMA	33.0	12.4	15.3	1.1
TOKYO	26.2	09.2	13.1	1.0
TOTTORI	29.5	13.1	15.9	1.2
TOYAMA	31.1	13.0	12.1	1.4
WAKAYAMA	25.1	10.3	13.9	1.3
YAMAGATA	25.9	13.1	15.9	1.1
YAMAGUCHI	27.6	11.2	14.6	1.2
YAMAGUCHI	28.1	10.0	14.7	1.0

\* Revised rates are the number of events per 1,000 population estimated as of 1 July 1948 and distributed by prefecture according to the Ration Census of 1 August 1948. Rates are computed on an annual basis.



\* REVISED LIVE BIRTH, DEATH, MARRIAGE AND DIVORCE  
RATES, BY PREFECTURE: JAPAN, JUNE 1948

PREFECTURE	BIRTH RATE	DEATH RATE	MARRIAGE RATE	DIVORCE RATE
ALL JAPAN	28.6	11.2	10.9	0.9
TOTAL ALL "SHI"	28.4	10.4	11.6	1.1
TOTAL ALL "GUN"	28.6	11.6	10.5	0.8
AICHI	29.3	10.3	10.3	0.7
AKITA	25.7	14.8	11.6	1.7
AOMORI	35.4	14.7	11.0	1.4
CHIBA	24.6	11.0	8.7	0.6
EHIME	30.6	11.9	10.9	1.1
FUKUI	31.0	25.3	13.0	1.2
FUKUOKA	32.1	10.3	12.2	1.0
FUKUSHIMA	31.5	10.9	10.9	1.0
GIFU	30.0	11.7	10.8	0.7
GUMMA	28.6	10.8	9.5	0.7
HIROSHIMA	25.6	10.9	11.2	1.2
HOKKAIDO	34.4	11.1	11.2	0.8
HYOGO	29.1	10.5	10.0	0.9
IBARAKI	26.7	11.2	9.5	0.6
ISHIKAWA	30.6	12.4	11.2	1.2
IWATE	30.1	13.6	11.4	1.1
KAGAWA	32.0	11.4	12.3	1.0
KAGOSHIMA	29.3	11.3	10.7	0.9
KANAGAWA	27.0	9.0	10.0	0.8
KOCHI	25.1	11.1	10.7	1.4
KUMAMOTO	28.9	11.7	11.8	0.9
KYOTO	27.6	10.3	10.7	0.9
MIE	27.3	10.8	10.0	0.8
MIYAGI	29.1	10.8	11.9	0.7
MIYAZAKI	31.2	11.4	11.0	0.8
NAGANO	24.7	11.0	11.0	0.7
NAGASAKI	29.1	11.6	13.0	1.1
NARA	25.8	12.0	11.0	0.7
NIIGATA	28.7	13.0	10.7	1.2
OITA	29.5	12.5	11.1	0.9
OKAYAMA	26.9	11.5	11.1	0.9
OSAKA	28.6	10.2	11.6	1.0
SAGA	29.5	12.9	11.6	1.0
SAITAMA	26.6	10.3	8.7	0.5
SHIGA	26.9	12.2	9.2	0.6
SHIMANE	27.5	11.8	10.6	0.8
SHIZUOKA	28.4	9.8	10.3	0.8
TOCHIGI	28.0	10.1	9.8	0.6
TOKUSHIMA	29.7	11.7	10.6	0.7
TOKYO	25.8	9.1	11.8	1.0
TOTTORI	26.9	11.5	10.4	1.1
TOYAMA	31.5	13.7	10.5	1.2
WAKAYAMA	26.8	9.9	11.2	1.0
YAMAGATA	24.9	12.7	12.5	1.2
YAMAGUCHI	27.3	11.0	11.5	1.1
YAMANASHI	24.5	10.7	9.6	0.5

\* Revised rates are the number of events per 1,000 population estimated as of 1 July 1948 and distributed by prefecture according to the Ration Census of 1 August 1948. Rates are computed on an annual basis.